

497 Contribution Report

Amounts may be rounded to whole dollars.

0164

NAME OF FILER CHAVEZ FOR ARCADIA SCHOOL BOARD 2022		Date of This Filing 04/08/22	Date Stamp RECEIVED LOS ANGELES COUNTY 2022 APR -8 PM 4:24	CALIFORNIA FORM 497 For Official Use Only 026015
AREA CODE/PHONE NUMBER (626) 808-8260	I.D. NUMBER (if applicable) 1445921	Report No. 497-3	<input type="checkbox"/> Amendment to Report No. (explain below)	
STREET ADDRESS		No. of Pages 1		
CITY ARCADIA	STATE CA	ZIP CODE 91006		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/07/2022	DAVID BJ SOMMERS HENDERSON, NV 89074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A (RETIRED)	\$1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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