

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michelle Richardson Bailey		Date of This Filing 09/18/2022	RECEIVED Date Stamp LOS ANGELES COUNTY SEP 19 AM 11:46	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 644-0701	I.D. NUMBER (if applicable) 1452631	Report No. 3 2022	CAMPAIGN FINANCE	
STREET ADDRESS 1072 Sunny Ave.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Pasadena	STATE CA	ZIP CODE 91104		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.O. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/17/2022	NWPC-GPA  Pasadena, CA 91114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michelle Richardson Bailey			Date of This Filing 09/18/2022	Date Stamp LOS ANGELES COUNTY 2022 SEP 19 AM 11:46 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 644-0701	I.D. NUMBER (if applicable) 1452631		Report No. 2		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below) No. of Pages 1		
CITY Pasadena	STATE CA	ZIP CODE 91104			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/6/2022	Michelle Bailey  Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Academic Advisor Pacific Oaks College	\$3,000  <input checked="" type="checkbox"/> Check if Loan 0 _____ % <small>Provide interest rate</small>
		<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  _____ % <small>Provide interest rate</small>
		<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  _____ % <small>Provide interest rate</small>

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Reason for Amendment: Date received was incorrect. Changed from 9/26/2022 to 9/6/2022.