

# 497 Contribution Report

Amounts may be rounded to whole dollars.

0218-4

NAME OF FILER <b>Dirk Marks for Water Board 2022</b>		Date of This Filing 9/15/2022	Date Stamp RECEIVED BY LOS ANGELES COUNTY email: 9/15/22 2022 SEP 15 PM 1:26 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only  <span style="font-size: 2em;">021498</span>
AREA CODE/PHONE NUMBER (661)360-9626	I.D. NUMBER (if applicable) 1452086	Report No. 4		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Valencia	STATE CA	ZIP CODE 91354		

## 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
9/14/2022	Bill Cooper for Water Board CID 960877  Valencia CA 913552001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500  <input type="checkbox"/> Check if Loan 0.0 % <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>

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