497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Daisy Macias		8/21/2024		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 1		CITY CLERK'S OFFICE RCVD AUG21'24AM11:25
[redacted]	Pending 1473607	☐ Amendment to Report No. _____ (explain below)		
STREET ADDRESS		No. of Pages 1		
[redacted]				
CITY	STATE ZIP CODE			
Ontario	CA 91764			

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
8/20/2024	Committee to Elect Alan Wapner District 3 2026 PO Box 1446 Ontario, CA 91762	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		40,000 ☒ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____