

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Vargas for Mayor 2024			Date of This Filing <u>11/02/2024</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1375353		Report No. <u>24-11</u>	RECEIVED	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2024 OCT 35 A 10 12	
CITY Hawthorne	STATE CA	ZIP CODE 90250		No. of Pages <u>1</u>	CITY CLERK DEPARTMENT

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/02/2024	Faye Johnson for City Council 2024 (ID# 1470451) [REDACTED] Santa Ana, CA 92704		1,550.00	
11/02/2024	Poindexter for City Council 2024 (ID# 1468434) [REDACTED] Santa Ana, CA 92704		1,550.00	
			CITY CLERK DEPARTMENT	RECEIVED

Reason for Amendment: _____