

497 Contribution Report

Amounts may be rounded to whole dollars.

01191-4
LCO1

497 CONTRIBUTION REPORT

NAME OF FILER Somilleda for College Board 2021			Date of This Filing <u>01/20/2021</u>		RECEIVED BY LOS ANGELES COUNTY 2021 JAN 21 AM 8:40 CAMPAIGN FINANCE 1/20/21 email	CALIFORNIA FORM 497 For Official Use Only 019145
AREA CODE/PHONE NUMBER (626) 230-9220	I.D. NUMBER (if applicable) 1435232		Report No. <u>1</u>			
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Covina	STATE CA	ZIP CODE 91722	No. of Pages <u>1</u>			

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
01/20/2021	Ancona for Mayor 2020 Covina, CA 91722 Committee ID # 1429063	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

TJM