

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ANGEL JESUS SANCHEZ		Date of This Filing 10/17/22	Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 738-4717	I.D. NUMBER (if applicable)	Report No. 1	2022 OCT 18 PM 12:59	
STREET ADDRESS LAUNDALE		STATE ZIP CODE CA 90260	Amendment to Report No. CAMPAIGN FINANCE (explain below)	
		No. of Pages 1		

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
10/18/22	CALIFORNIA FEDERATION OF TEACHERS BURBANK, CA 91505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,638 <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