

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

LOS ANGELES COUNTY

CALIFORNIA FORM 497

2022 OCT 24 AM 9:29

CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF FILER
Christy Barnes for MBUSD School Board 2022

AREA CODE/PHONE NUMBER
310-774-7823

I.D. NUMBER (if applicable)
1451936

STREET ADDRESS

CITY STATE ZIP CODE
Manhattan Beach, CA 90266

Date of This Filing 10/22/2022 10:17

Report No. 4

Amendment to Report No. _____
(explain below)

No. of Pages 2

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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
2022-10-21	Los Angeles County Lincoln Clubs PAC (State) Arcadia, CA 91006 ID: 801945	<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

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

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NAME OF FILER Christy Barnes for MBUSD School Board 2022		Date of This Filing 10/22/2022 10:17	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 OCT 24 AM 9:25	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-774-7823	I.D. NUMBER (if applicable) 1451936	Report No. _____	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____ STATE _____ ZIP CODE _____ Manhattan Beach, CA 90266		No. of Pages 2		

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)

Reason for Amendment: _____