

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CHAVEZ FOR ARCADIA SCHOOL BOARD 2022			Date of This Filing 04/01/22	RECEIVED BY LOS ANGELES COUNTY (Stamp) 04/01/2022 2022 APR -4 AM 8:50 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only  020015 C11657
AREA CODE/PHONE NUMBER (626) 808-8260	I.D. NUMBER (if applicable) 1445921		Report No. 497-2		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY ARCADIA	STATE CA	ZIP CODE 91006			

## 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
04/01/2022	LEIGH CHAVEZ  ARCADIA CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCHOOL BOARD MEMBER AUSD	\$5,000  <input checked="" 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

dc