

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Comm To Elect STEVE HOFBAUER AVHD 2022</b>		Date of This Filing <b>11/08/22</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>601-450-8099</b>	I.D. NUMBER (if applicable) <b>145-5070</b>	Report No. <b>22-06</b>	RECEIVED BY LOS ANGELES COUNTY 2022 NOV -7 PM 2:35	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY <b>PALMDALE</b>	STATE <b>CA</b>	ZIP CODE <b>93551</b>	No. of Pages <b>1</b>	

## 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
<b>11/6/22</b>	<b>SOUTHERN CAL DISTRICT COUNCIL OF LABORERS PAC ID# 1358150 LONG BEACH, CA 90802</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<b>1500 -</b> <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

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