

Antelope Valley  
**497 Contribution Report**

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

CALIFORNIA FORM **497**

2022 AUG 24 AM 8:48

CAMPAIGN FINANCE

NAME OF FILER  
 HUGHES FOR HIGH SCHOOL BOARD 2022

AREA CODE/PHONE NUMBER  
 661-492-1790

I.D. NUMBER (if applicable)  
 1448522

STREET ADDRESS

CITY STATE ZIP CODE  
 Leona Valley CA 93551

Date of This Filing  
 08/23/2022

Report No.  
 CH001-1

Amendment to Report No. (explain below)

No. of Pages  
 1/2

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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
08/17/2022	Committee To Elect Vincent Dino For Palmdale Water District, ID# 1354662  Palmdale, CA 93552	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/17/2022	California Correctional Peace Officers Association Local PAC ID# 960532  Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/19/2022	Camacho Auto Sales, INC.  Palmdale, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\* 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

Reason for Amendment: \_\_\_\_\_

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NAME OF FILER <b>HUGHES FOR HIGH SCHOOL BOARD 2022</b>		Date of This Filing 08/23/2022	Date Stamp	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER 661-492-1790	I.D. NUMBER (if applicable) 1448522	Report No. CH001-2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Leona Valley	STATE CA			

## 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
08/22/2022	National Staff Assault Task Force  Palmdale, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00  <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: \_\_\_\_\_

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