

# 497 Contribution Report

Amounts may be rounded to whole dollars.

0218-4

|                                                           |                                        |                                                                           |                                                                                                                   |                                                                   |
|-----------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| NAME OF FILER<br>Esther Mejia for ERUSD School Board 2022 |                                        | Date of This Filing<br>11/3/2022                                          | RECEIVED BY<br>LOS ANGELES COUNTY<br>2022 NOV -3 PM 3:43<br>email: 11/3<br>CAMPAIGN FINANCE<br>DISCLOSURE SECTION | <b>CALIFORNIA FORM 497</b><br>For Official Use Only<br><br>020727 |
| AREA CODE/PHONE NUMBER<br>562 395 2518                    | I.D. NUMBER (if applicable)<br>1424200 | Report No. 3                                                              |                                                                                                                   |                                                                   |
| STREET ADDRESS                                            |                                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                                                                                   |                                                                   |
| CITY<br>Pico Rivera                                       | STATE<br>CA                            | ZIP CODE<br>90660                                                         | No. of Pages<br>1                                                                                                 |                                                                   |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CONTRIBUTOR CODE*                                                                                                                                                       | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                            |
|---------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 10/27/22      | John Contreras for School Board 2022<br><br>Pico Rivera, CA 90660 ID #1450418 (Inkind contribution mailer) | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 3,500<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
|               |                                                                                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate              |
|               |                                                                                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br><br>_____%<br>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