497 Contribution Report  NAME OFFILER  LANGFORD FOR WATER BOARD 2022  AREA CODE/PHONE NUMBER  (310) 817-6679  STREET ADDRESS  CITY  Inglewood			Amounts may be rounded to whole dollars.			RESERVED BY		
		I.D. NUMBER (if applicable)  STATE ZIP CODE  CA 90301		Date of This Filing		U Date Stamp	CALIFORNIA AOT	
	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
06/17/2022	Joy Langford Los Angeles, CA 90	056			IND COM OTH PTY SCC	District Representative California State Assembl	У	45,000.00  ✓ Check if Loan  0.00 %  Provide interest rate
			~		COM /			Check if Loan  When the control of t
				,	IND   COM   OTH   PTY   SCC		<b>*</b> .	Check if Loan
Reason for Amend	dment:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ity)

FPPC Form 497 (Feb/2019)
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