497 Contrib	ution Report		Amounts ma	y be rounded to w	hole dollars.	RECEIVED BY AMBFLES COUNTY	497 C0	ONTRIBUTION REPORT
NAME OF FILER		Date of	1.4 (49)	Date Stamp	CALIFO			
Citizens for t	Yes on Q		09/22/2022022	SEP 22 AM 10: 56	FOR			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			ble)	1			For	Official Use Only
(714) 540-2295 1452540 STREET ADDRESS			Report No. 22-11		MPAIGN FINANCE			
				☐ Amendme to Report No.				
CITY	STATE ZIP C		ZIP CODE	(explain below)				
Long Beach		CA	90815	No. of Pages	1			
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF O (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *   IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/22/2022	Atkinson Andelson Loya Ruud & Romo Cerritos, CA 90703				☐ IND			15,000.00
					OTH     PTY     SCC			☐ Check if Loan
								Provide interest rate
09/22/2022	ProWest PCM Inc				☐ IND			3,000.00
	Wildomar, CA 92595				COM			
					□ PTY			☐ Check if Loan
					□ scc			Provide interest rate
					☐ IND			
					☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
						*Contributor Codes		
Reason for Amen	dment:					IND – Individual	business ent	