

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Clifford for Glendora Unified School District 2022		Date of This Filing 10/25/2022 03:50	RECEIVED BY LOS ANGELES COUNTY 2022 OCT 25 PM 4:34 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 951-742-7886	I.D. NUMBER (if applicable) 1449045	Report No. 214 <input type="checkbox"/> Amendment to Report No. (explain below)		
STREET ADDRESS _____		No. of Pages 2		
CITY Riverside, CA 92501	STATE CA	ZIP CODE 92501		

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
2022-10-25	Michael Ochoa Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agent Transcend Health	1,000.00 <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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RECEIVED BY
LOS ANGELES COUNTY
Date Stamp

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NAME OF FILER
Clifford for Glendora Unified School District 2022

AREA CODE/PHONE NUMBER
951-742-7886

I.D. NUMBER (if applicable)
1449045

STREET ADDRESS

CITY STATE ZIP CODE
Riverside, CA 92501

Date of This Filing 10/25/2022 03:59
2022 OCT 25 PM 4:34

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2

CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____