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			ts may be rounded to w	UMA 201	49	7 CONTRIBUTION REPORT
NAME OF FILER			Date of	00/00/2000000	o pm 2: 02 CAL	FORNIA 497
	Hondo College Board		This Filing 09/08/28/27		FO	OKI
AREA CODE/PHONE NUMBER (if applicable)		Date of This Filing 09/08/222 EP Report No. 090622		ICH FINANCE FO	For Official Use Only	
(310) 817-6679 Pending		Report No.	CATT	(IGIV)		
STREET ADDRESS			☐ Amendme			
			to Report No			
CITY STATE ZIP CODE		(explain below)				
Inglewood		CA 90301	No. of Pages	1		
1. Contribut	ion(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	
09/04/2022	Carol Leif			X IND	Writer/Perfomer	5,000.00
	Los Angeles, CA 90024			COM OTH	Carol Leif	
						Check if Loan
				☐ PTY		
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						Provide interest rate
					*Contributor Codes	
					IND – Individual	
					COM - Recipient Committee	
					OTH - Other (e.g., business PTY - Political Party	entity)
Reason for Ame	ndment:				SCC - Small Contributor Com	mittee

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