

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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COVINA CITY CLE  
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497 CONTRIBUTION REPORT

**NAME OF FILER**  
Walt Allen for Covina City Council 2024

**AREA CODE/PHONE NUMBER**  
[REDACTED]

**I.D. NUMBER (if applicable)**  
1460118

**STREET ADDRESS**  
[REDACTED]

**CITY** STATE ZIP CODE  
Covina CA 91722

**Date of This Filing** 12/22/2023

**Report No.** 1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

**CALIFORNIA FORM 497**

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**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
12/21/2023	DIVE Committee [REDACTED] Committee ID # C00032979	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

CITY OF COVINA  
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 RECEIVED 12/22/2023 11:23AM 6263845425  
 Dec 22 2023 12:20PM Yolanda Miranda 16269156626