

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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COVINA CITY OF INDUSTRY

497 CONTRIBUTION REPORT

Date Stamp  
**23 DEC 11 AM**

**CALIFORNIA FORM 497**

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<b>NAME OF FILER</b> Cortez 4 City Council 2024		<b>Date of This Filing</b> 12/10/2023
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1463184	<b>Report No.</b> 2
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)
<b>CITY</b> Covina	<b>STATE</b> CA	<b>ZIP CODE</b> 91722
		<b>No. of Pages</b> 1

## 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
12/07/2023	789 Inc [REDACTED] Covina, CA 91723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/08/2023	Athens Services [REDACTED] City Of Industry, CA 91716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,500.00  <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

\*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: \_\_\_\_\_

RECEIVED 12/10/2023 09:18AM 6263845425  
 Dec 10 2023 10:15AM Yolanda Miranda 16269156626  
 CITY OF COVINA  
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