

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Alicia Ramirez</i>		Date of This Filing <i>5/4/22</i>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>559-572-6363</i>	I.D. NUMBER (if applicable) <i>1446337</i>	Report No. _____	RECEIVED <i>MAY 04 2022</i>	
STREET ADDRESS [REDACTED] <i>Armona, CA 93202</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	KINGS COUNTY ELECTIONS	
CITY	STATE ZIP CODE	No. of Pages _____		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>5/4/22</i>	<i>STOP N SHOP MARKET</i> [REDACTED] <i>Hanford, CA 93230</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<del>REDACTED</del> <i>Salabi Amed</i> <i>owner</i>	<i>\$1,000</i> <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

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