

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Alma S Ramirez</b>		DATE Stamp <b>RECEIVED JUN 08 2022</b>		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>559-572-0303</b>	I.D. NUMBER (if applicable) <b>1446337</b>	Kings County Elections		
STREET ADDRESS [REDACTED]		CITY <b>ARROYA, CA</b>	STATE <b>CA</b>	ZIP CODE <b>95202</b>

## 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
7/7/22	Rising Electorate PAC [REDACTED] SELMA, CA 93662 FEC ID: C00064895e	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
7/7/22	California Overconfident (COSO-PAC) SUPERVISORS ORGANIZATION PAC SMALL CONTRIBUTE COMMITTEE [REDACTED] SACRAMENTO, CA 95814 (# 962913)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" 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