

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chavez for Supervisor 2022		Date of This Filing 11/06/2022 07:22	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
AREA CODE/PHONE NUMBER 559-639-3308	I.D. NUMBER (if applicable) 1444506	Report No. 11		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stratford, CA 93266	STATE	ZIP CODE	No. of Pages 2	

RECEIVED

NOV 07 2022

Kings County Elections

## 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
2022-11-05	Jose Hernandez-Cruz, Jr. [REDACTED] Fresno, CA 93726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanical Engineer IREP California LLC	1,000.00  <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

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STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                  NOV 07 2022                  Kings County Elections             </div>	
CITY Stratford, CA 93266	STATE ZIP CODE	No. of Pages <u>2</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

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