

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chavez for Supervisor 2022		Date of This Filing 11/08/2022 01:54	Date Stamp CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 559-639-3308	LD. NUMBER (if applicable) 1444506	Report No. 13	RECEIVED NOV 08 2022 Kings County Elections
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No.	
CITY Stratford, CA	STATE CA	ZIP CODE 93266	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2022-11-08	Heredia Farm Labor Inc. [REDACTED] Templeton, CA 93465	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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 (a.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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AREA CODE/PHONE NUMBER 559-639-3308	LD. NUMBER (if applicable) 1444506			
STREET ADDRESS [REDACTED]		Report No. _____		
CITY STATE ZIP CODE Stratford, CA 93266		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages 2		

2. Contribution(s) Made

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

Reason for Amendment: _____