497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			Date of This Filing: 10/6/2022	Date Stamp	CALIFORNIA FORM 497
Michael Rivera			Report No. 3	RECEIVED CITY CLERK'S OFFICE OCT 06 2022 CITY OF PASO ROBLES	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 145841		☒ Amendment to Report No. 4 (explain below)		
STREET ADDRESS [redacted]			No. of Pages 1		
CITY	STATE	ZIP CODE			
Paso Robles	Ca	93446			

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
9/13/2022	Michael Rivera [redacted] Paso Robles, CA. 93446	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Industry Self Employed Central Coast CPM and Brace	$1,707.00 ☒ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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

ID Number Received

Reason for Amendment: _____