

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Michael Rivera</b>		Date of This Filing 10-6-2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 145841	Report No. 4	RECEIVED <b>CITY CLERK'S OFFICE</b>  OCT 06 2022	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 1 <small>(explain below)</small>	<b>CITY OF PASO ROBLES</b>	
CITY Paso Robles	STATE Ca	ZIP CODE 93446	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
9-22-2022	Ronald Cuff [REDACTED] Paso Robles Ca. 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Navy Commander	\$500.00  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9-22-2022	Michael Rivera [REDACTED] Paso Robles, Ca. 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Industry Self Employed	\$500.00  <input checked="" type="checkbox"/> Check if Loan 0 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

Reason for Amendment: Received ID Number

\* 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