

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael Rivera		Date of This Filing 9/9/2022	Date Stamp <b>RECEIVED</b> CITY CLERK'S OFFICE  SEP 15 2022  CITY OF PASO ROBLES	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY Paso Robles	STATE Ca	ZIP CODE 93446	No. of Pages 2	

## 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
8/26/2022	Clive Pinder [REDACTED] Templeton, Ca. 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
8/29/2022	Peter Vitale [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	\$25.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/1/2022	Peter Byrne [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	\$100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

\* 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

Reason for Amendment: Number of Pages Noted-Missing Contribution Date, Occupation

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)		Report No. <u>1</u>	<b>CITY OF PASO ROBLES</b>	
STREET ADDRESS [REDACTED]			<input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> <small>(explain below)</small>		
CITY Paso Robles	STATE Ca	ZIP CODE 93446	No. of Pages <u>2</u>		

## 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
9/9/2022	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 Central Coast CPM and Brace	\$725.00  <input checked="" type="checkbox"/> Check if Loan <u>0</u> % <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  <u> </u> % <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  <u> </u> % <small>Provide interest rate</small>

Reason for Amendment: New Contribution, Self Employed, Name of Business

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