

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael Rivera		Date of This Filing 10/6/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 145841	Report No. <u>1</u>	RECEIVED CITY CLERK'S OFFICE OCT 06 2022 CITY OF PASO ROBLES	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. <u>2</u> (explain below)	No. of Pages <u>1</u>	
CITY Paso Robles	STATE Ca	ZIP CODE 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
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 _____% Provide interest rate
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 _____% Provide interest rate
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 _____% Provide interest rate

Reason for Amendment: Committee ID Number Received

* 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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AREA CODE/PHONE NUMBER 805-698-6257	I.D. NUMBER (if applicable) 145841	Report No. 1		
STREET ADDRESS 928 Walnut Dr		<input checked="" type="checkbox"/> Amendment to Report No. 2 <small>(explain below)</small>		
CITY Paso Robles	STATE Ca	ZIP CODE 93446	No. of Pages 1	

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 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>
		<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>

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Reason for Amendment: ID Number recieved _____