

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael Rivera <hr/> AREA CODE/PHONE NUMBER [REDACTED] <hr/> I.D. NUMBER (if applicable) [REDACTED] <hr/> STREET ADDRESS [REDACTED] <hr/> CITY STATE ZIP CODE Paso Robles Ca 93446		Date of This Filing 9/12/2022 <hr/> Report No. 2 <hr/> <input checked="" type="checkbox"/> Amendment to Report No. 2 (explain below) <hr/> No. of Pages 1	Date Stamp RECEIVED CITY CLERK'S OFFICE SEP 15 2022 CITY OF PASO ROBLES	CALIFORNIA FORM 497 For Official Use Only
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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
9/12/2022	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	\$1,500.00 <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>
		<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: New Contribution Did not Show interest Rate, Self Employed and Name of Business

****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