

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2022 MAR 31 PM 1:39
PROPOSITION B UNIT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Hilda Solis for Supervisor 2022			Date of This Filing 03/30/2022
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1436739		Report No. 03/29
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Encino	STATE CA	ZIP CODE 91436	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
03/29/2022	Angela Chang Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance KCAL Health Insurance Services	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% 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

Reason for Amendment: _____