497 Contrib	ution Report		Amour	nts may be rounded to		RECEIVED BY	497 C	ONTRIBUTION REPORT	
NAME OF FILER Solis for Supervisor 2022				Date of This Filing04/15/2022		A HDate/Stamp UUK	CALIFO	DRNIA 407	
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AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			ble)	Report No. 04/14/2022		2022 APR 15 PM 4	For	Official Use Only	
		1436739		Report No.	04/14/2022	PROPOSITION BU	INIT		
STREET ADDRESS				☐ Amendment to Report No		Treat out 110 th to			
CITY		STATE	ZIP CODE	(explain below)					
Encino		CA	91436	No. of Page	s 3				
1. Contributi	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)			NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDU. ENTER OCCUPATION AND (IF SELF-EMPLOYED, ENTER NAME)	D EMPLOYER		
04/14/2022	Cesar S Camarillo				X IND	Retired n/a		1,500.00	
	Fontana, CA 92335				COM OTH			☐ Check if Loan	
					scc			Provide interest rate	
04/14/2022	Sandra M Hernandez					Retired		1,000.00	
	Claremont, CA 91711				☑ IND ☐ COM ☐ OTH	n/a		Check if Loop	
					□ PTY			☐ Check if Loan	
					scc			Provide interest rate	
04/14/2022	George K Hernandez				IND	Retired n/a		1,500.00	
	Claremont, CA 91711				COM OTH PTY			☐ Check if Loan	
					scc			Provide interest rate	
						*Contributor Cod	les		
Reason for Amer	ndment:				-	IND - Individual	t Committee (otl g., business en arty		

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497 Contribution Report Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPORT desimen ex NAME OF FILER Date of **CALIFORNIA** This Filing ___04/15/2022 **FORM** Solis for Supervisor 2022 2022 APR 15 PM 4: 28 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 04/14/2022 1436739 PROPOSITION B UNIT STREET ADDRESS ☐ Amendment to Report No. _ (explain below) CITY STATE ZIP CODE No. of Pages ____ Encino CA 91436 1. Contribution(s) Received IF AN INDIVIDUAL, DATE CONTRIBUTOR **AMOUNT** FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 04/14/2022 Hernandez, Richard F Law Office of 1,500.00 West Covina, CA 91790 ☐ COM X OTH ☐ Check if Loan ☐ PTY □ scc Provide interest rate 04/14/2022 Barry S Phillips CPA 1,500.00 X IND Barry S Phillips Covina, CA 91723 ☐ COM ☐ OTH ☐ Check if Loan ☐ PTY □ scc Provide interest rate 04/14/2022 Mobile Physicians Medical Allied Group Inc 1,500.00 West Covina, CA 91790 ☐ COM X OTH ☐ Check if Loan ☐ PTY □ scc Provide interest rate *Contributor Codes

Reason for Amendment:

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

COM - Recipient Committee (other than PTY or SCC)

IND - Individual

497 Contrib	ution Report		Amounts	s may be rounded to w	vhole dollars.	DENEWLED BY	497 CC	ONTRIBUTION REPORT
NAME OF FILER Solis for Supervisor 2022				Date of This Filing _	04/15/2022	A RAE Date Stamp		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1436739			Report No. 04	4/14/2022	22 APR 15 PM 4: 28			
STREET ADDRESS				Amendme to Report No (explain below)	ent	toposition b unit		
CITY Encino		STATE CA	ZIP CODE 91436		3			
1. Contributi	ion(s) Received							
DATE RECEIVED	FULL NA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (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
04/14/2022	Jomar Financial II				☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			1,500.00 Check if Loan Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan ———————————————————————————————————
Reason for Amei	ndment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness ent	