497 Contrib	ution Report Amo	ounts may be rounded to w	vhole dollars.	RECEIVED BY 4970	CONTRIBUTION REPORT
NAME OF FILER Solis for Supe		Date of This Filing	Date of This Filing 05/05/2022 2022 MAY -5 PM 4: 53		ORNIA 107
STREET ADDRESS CITY STATE ZIP CODE Encino CA 91436		Amendmento Report No (explain below) No. of Pages)	ROPOSITION B UNIT	
	on(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
04/27/2022	SA Recycling Orange, CA 92865		□ 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 Amer	ndment:			*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi	ntity)