

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
2022 APR 20 AM 8:42
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Luna for Sheriff 2022			Date of This Filing 04/19/2022	Date Stamp 2022 APR 20 AM 8:42	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1442721		Report No. 04-19-RL		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Long Beach	STATE CA	ZIP CODE 90802	No. of Pages 1		

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
04/18/2022	Mary Zendejas for City Council 2019 Officeholder Account Long Beach, CA 90802 Committee ID # 1419572	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/18/2022	Lyn D. Lear Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Lyn Lear	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/18/2022	Norman Lear Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Act III	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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