

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY 497 CONTRIBUTION REPORT

Date Stamp
LOS ANGELES CA
2022 MAY -4 AM
PROPOSITION 5 UNIT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Luna for Sheriff 2022			Date of This Filing <u>05/03/2022</u>
AREA CODE/PHONE NUMBER <u>(562) 983-0815</u>	I.D. NUMBER (if applicable) <u>1442721</u>		Report No. <u>05-03-RL</u>
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY <u>Long Beach</u>	STATE <u>CA</u>	ZIP CODE <u>90802</u>	No. of Pages <u>1</u>

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
05/02/2022	Barry Lang Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor self employed	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: _____