497 Contribution Report Amounts may be rounded to whole dollars. RECENTED BY 497 CONTRIBUTION REPORT NAME OF FILER LUS All Date Stand Little **CALIFORNIA** Date of This Filing ___05/02/2022 **FORM** Solis for Supervisor 2022 AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) For Official Use Only Report No. 05/01/2022 1436739 STREET ADDRESS ☐ Amendment EM 5/2/2022 to Report No. _ (explain below) CITY STATE ZIP CODE No. of Pages _ Encino CA 91436 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 04/29/2022 Mike Fong For Assembly 2022 Special 1,000.00 □ IND Encino, CA-91436 X COM Committee ID # 1443029 □ OTH ☐ Check if Loan □ PTY □ scc Provide interest rate 05/01/2022 LAZ Parking 1,500.00 Los Angeles, CA 90017 COM X OTH ☐ Check if Loan ☐ PTY □ scc Provide interest rate 05/01/2022 Li Li Vice President 1,500.00 X IND Mebo Arcadia, CA 91007 COM □ OTH ☐ Check if Loan PTY □ scc Provide interest rate *Contributor Codes IND - Individual

Reason for Amendment:

FPPC Form 497 (Feb/2019)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

497 Contrib	ution Report		Amou	nts may be rounded to w	hole dollars.	rennyfo by	497 CO	NTRIBUTION REPORT
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CITY		STATE CA	ZIP CODE 91436	(explain below) No. of Pages	3	-		
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DATE RECEIVED	FULL NAMI	ND ZIP CODE OF CO ENTER I.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
05/01/2022	Sarah Delgado Whittier, CA 90602				IND COM OTH PTY SCC	Nurse AACN		1,000.00
05/01/2022	Kenneth Sim Diamond Bar, CA 917	765			IND COM OTH PTY SCC	M.D. Self	,	1,500.00
05/01/2022	Hong Kong Denim Des South El Monte, CA	_			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,500.00
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness entit	ly)

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 DECREASED AND NAME OF FILER Date of **CALIFORNIA** This Filing ___05/02/2022 **FORM** Solis for Supervisor 2022 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 2022 HAY -3 AM 8: 23 For Official Use Only Report No. 05/01/2022 1436739 STREET ADDRESS ☐ Amendment -to Report No. ___ (explain below) CITY STATE ZIP CODE No. of Pages _ CA Encino 91436 1. Contribution(s) Received IF AN INDIVIDUAL, CONTRIBUTOR AMOUNT DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 05/01/2022 Thomas Lam Physician 1,500.00 x IND Thomas Lam Glendale, CA 91206 ☐ COM □ OTH □ Check if Loan ☐ PTY ☐ SCC Provide interest rate ☐ IND ☐ COM □ OTH ☐ Check if Loan □ PTY □ SCC Provide interest rate ☐ IND COM OTH Check if Loan PTY SCC Provide interest rate

Reason for Amendment: _

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