NAME OF FILER Hilda Solis fo	or Supervisor 2022			Date of This Filing 04/01/2022 Report No. 03/31/2022 Amendment to Report No		CALIFORNIA FORM 497		
AREA CODE/PHONE I	NUMBER	I.D. NUMBER (if applicab	łe)				Official Use Only	
STREET ADDRESS						PROPOSITION B UNIT		
Encino		STATE CA	ZIP CODE 91436	(explain below) No. of Pages	22			
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/31/2022	Nathaniel Oubre Whittier, CA 90602			X IND COM OTH PTY SCC	Vice President Blue Shield of Californi	Check if Loan Provide interest rate		
03/31/2022	BizFed PAC Sacramento, CA 958 Committee ID # 130				☐ IND ③ COM ☐ OTH ☐ PTY ☐ SCC		1,500.0 Check if Loan Provide interest rate	
					IND COM OTH PTY SCC		☐ Check if Loan ————————————————————————————————————	

497 Contrib	ution Report		Amoun	nts may be rounded to v	whole dollars.	RECEIVED BY 4970	ONTRIBUTION REPORT	
NAME OF FILER Hilda Solis fo	or Supervisor 2022			Date of This Filing 04/01/2022 Report No. 03/31/2022 Amendment to Report No.		CALIFORNIA 497		
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)				2022 APR - I PM 4: 52 For PROPOSITION B UNIT	Official Use Only	
STREET ADDRESS						CHOPOSITION B UNIT		
CITY	STATE ZIP CODE (explain below) CA 91436 No. of Page				2			
1. Contributi	ion(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/31/2022	Gonzalo Herrera Duarte, CA 91010				IND COM OTH PTY SCC	Retired Retired	1,500.00	
03/31/2022	Linda Lopez San Marino, CA 911	08			IND COM OTH PTY SCC	CEO Impact strategies inc	Provide interest rate 1,500.00 Check if Loan Provide interest rate	
03/31/2022	Bob Archuleta Inglewood, CA 9030	1			IND COM OTH PTY SCC	State Legislator CA State Senate`	1,500.00	
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)	