497 Contrib	ution Report	Amount	ts may be rounded to w	hole dollars.	RECEIVED BY	CONTRIBUTION REPORT
NAME OF FILER Argudo for Supervisor 2022			Date of This Filing		Date Stamp 2022 MAY 13 PM 3: 0 CALIFORNIA 497 FORM For Official Use Only	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)						
(415) 640-4420 1445929 STREET ADDRESS			Amendment to Report No.		PRINT O STATE DO THE	
CITY La Puente		STATE ZIP CODE CA 91744	(explain below) No. of Pages1			
1. Contributi	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
05/13/2022 David Argudo La Puente, CA 91744 This is a loan				IND COM OTH PTY SCC	Consultant Self-Employed, no separate business name	20,000.00 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 en PTY – Political Party SCC – Small Contributor Commi	ntity)