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NAME OF FILER			Date of This Filing _	09/25/2022 20	12 SEP 26 AH 8: 01 CALIF	
VILLANUEVA FOR AREA CODE/PHONE I	LOS ANGELES COUNTY	I.D. NUMBER (if applicable)			10	Official Use Only
(310) 817-6679 1397275			Report No. 92	2522	ROPOSITION BUNIT	
STREET ADDRESS			to Report No.		9/25/22 FAX	
Inglewood		STATE ZIP CODE  CA 90301	(explain below) No. of Pages	3		
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CON (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
09/24/2022	UPSPAC Atlanta, GA 30329 Committee ID # C-			IND  COM OTH PTY SCC		1,500.0
09/24/2022	Jeremy Dicker Agoura, CA 91301			IND COM OTH PTY SCC	Chief Executive Officer One Wealth Management	1,000.0
09/24/2022	John Burcher	803-6823		IND COM OTH PTY SCC	Law Enforcement Los Angeles County	1,500.0
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (oll OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov **497 Contribution Report** 

NAME OF FILER	I OC ANCEL DO COLUMN	CUPPTER 2022		Date of	09/25/2022		ORNIA 107
AREA CODE/PHONE (310) 817-6679 STREET ADDRESS L CITY Inglewood	1397275 ADDRESS  STATE ZIP CODE		Report No. 92522  Amendment to Report No. (explain below)  No. of Pages 3		PROPOSITION BUILT 9/25/22 FORM For Official Use Only		
DATE RECEIVED	FULL NAI	ME, STREET ADDRESS A		TRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/24/2022	Madison Alfonso San Francisco, CA 94111				IND COM OTH PTY SCC	Insurance Broker Newfront Financial Services	1,500.00  Check if Loan  Provide interest rate
09/24/2022	Michael Greco Santa Monica, CA 90403			IND COM OTH PTY SCC	Restuarant & Entertainment Self Employed - No Separate Business Name	1,000.00	
09/24/2022	Divya Rahul Dhawan Manhattan Beach, CA 90266			IND COM OTH PTY SCC	Physician West Dermatolo	1,500.00  Check if Loan  Provide interest rate	
Reason for Ame	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commit	ntity)

Amounts may be rounded to whole dollars.

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NAME OF FILER			Date of	09/25/2022		ORNIA 497
	LOS ANGELES COUNTY S	<del></del>	This Filing	03/23/2022	CULL SET AD ATT O'U	RM T
AREA CODE/PHONE NUMBER [1.0, NUMBER (if applicable)			Report No. 92522			r Official Use Only
(310) 817-6679 1397275					PROPOSITION B UNIT	
STREET ADDRESS			☐ Amendme		9/25/22 FAX	
			to Report No. (explain below)	•		
CITY		STATE ZIP CODE	1	3		
Inglewood		CA 90301	No. of Pages			
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAM	HE, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/25/2022	Grigor Tersaakyan			X IND	Business Owner	1,500.00
	Van Nuys, CA 91401			COM	Crash Auto Body	
				ОТН	İ	Check if Loan
				[] PTY		1.27
				□ scc	}	Provide interest rate
09/25/2022	Vijay Dhawan			(11)	Physician	1,500.00
	Beverly Hills, CA	90212		IND COM	Bellavista Medical Group IPA	
				ОТН		Check if Loan
				PTY		
				☐ scc		Provide interest rate
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				ОТН		Check if Loan
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					*Contributor Codes IND - Individual	
					COM - Recipient Committee (otl	
					OTH – Other (e.g., business en PTY – Political Party	tity)
Reason for Amer	dment:				SCC – Small Contributor Commit	llee