

497 Contribution Report

JAN 17 2024 

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 JAN 18 PM 12:58
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Villanueva for Supervisor 2024		
AREA CODE/PHONE NUMBER 562-201-8006	I.D. NUMBER (if applicable) 1462981	
STREET ADDRESS		
CITY Whittier, CA 90603	STATE	ZIP CODE

Date of This Filing 01/17/2024 01:23
2024

Report No. 118

Amendment to Report No. _____
(explain below)

No. of Pages 2

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
2024-01-16	Scott Holm Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Classic Wings LLC	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate

Reason for Amendment: _____

* 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

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Villanueva for Supervisor 2024

AREA CODE/PHONE NUMBER 562-201-8006 **I.D. NUMBER (if applicable)** 1462981

STREET ADDRESS
16214 Whittier Boulevard

CITY Whittier, CA 90603 **STATE** **ZIP CODE**

Date of This Filing 01/17/2024 01:23

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____