

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Reyna Isela Lopez Bowles		
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) pending	
STREET ADDRESS 1005 E. Las Tunas Dr.		
CITY San Gabriel	STATE CA	ZIP CODE 91776

Date of This Filing	09/26/2022
Report No.	1
<input checked="" type="checkbox"/> Amendment to Report No. (explain below)	1
No. of Pages	1

CITY OF SAN GABRIEL  
CITY CLERK'S OFFICE

Date Stamp  
**22 SEP 27 P 3:50**

**CALIFORNIA FORM 497**  
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## 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
9/23/2022	ALICE WONG [REDACTED] SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/26/2022	MEN XUI DO [REDACTED] ARCADIA, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SF Supermarket Manager	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/26/2022	THONG VAN LU [REDACTED] ALHAMBRA, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	H&T Seafood Co. Manager	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: Correction of month and Added occupation and name of employer

- \* 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