

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF BELL GARDENS
CITY CLERK'S OFFICE

Date Stamp
CALIFORNIA FORM 497

2022 SEP 20 PM 6:06

7100 GARFIELD AVE
BELL GARDENS, CA 90201

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NAME OF FILER De La Rosa for City Council 2022		Date of This Filing 09/20/2022
AREA CODE/PHONE NUMBER 760-212-7413	I.D. NUMBER (if applicable) 1453416	Report No. <u>dela_9/20</u>
STREET ADDRESS 260 Buena Creek Rd		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY San Marcos	STATE CA	ZIP CODE 92069
		No. of Pages <u>1</u>

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
9/20/2022	MIGUEL DE LA ROSA [REDACTED] BELL GARDENS, CA 90201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIGITAL MARKETING MURTAZA RIZVI MD, INC (WEST EMPIRE PLASTIC SURGERY & MED SPA)	\$3000.00 <input checked="" type="checkbox"/> Check if Loan 0.0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____
