

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF BELL GARDENS
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

NAME OF FILER LISSETH FLORES-FRANCO FOR CITY COUNCIL 2022		Date of This Filing 11/02/2022	Date Stamp 2022 NOV -2 PM 8:44	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1403078	Report No. 110222	7100 GARFIELD AVE BELL GARDENS, CA 90201	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Inglewood	STATE CA	ZIP CODE 90301		

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
11/02/2022	Building A Stronger California sponsored by Southwest Regional Council of Carpenters [REDACTED] Los Angeles, CA 90071 Committee ID # 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00 <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
		<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: _____