

# 497 Contribution Report

Amounts may be rounded to whole dollars

497 CONTRIBUTION REPORT

NAME OF FILER Alejandra Cortez City Council 2022			Date of This Filing <u>11/09/2022</u> <b>NOV -9 PM 1:05</b>		Date Stamp		CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER <u>(213) 489-4792</u>		I.D. NUMBER (if applicable) <u>1453051</u>		Report No. <u>110922-1</u>		For Official Use Only		
STREET ADDRESS [REDACTED]			7100 GARFIELD AVE BELL GARDENS, CA 90201					
CITY STATE ZIP CODE <u>Norwalk CA 90650</u>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)					
			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
11/08/2022	Joe Valdes [REDACTED] Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive PCAM, LLC	1,000.00  <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

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