AME OF FILER		Date of		Date Stamp	ALIFORNIA / 07
	Bell Gardens Yes on A	This Filing	10/01/2020		FORM 43
REA CODE/PHONE NUMBER	1.D. NUMBER (applicable)				For Official Use Only
(ENCODENTIONE NAMED)	:	Report No. 1_			
			_		
TREET ADDRESS		Amendme	nt		
S ATE ZIP CODE		to Report No (explain below)			
ITY	STATE ZIP CODE	No. of Pages	1		
Long Beach	©A 90802	(10, 0, 1 ages			
. Contribution(s)	Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (FCOMMITTEE, ALSO ENTERLD, NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF BELF-EMPLOYED, ENTER NAME OF BUS	
	Rubbish, Inc.		☐ IND		1,70
20, 02, 200	Gardens, CA 90201		COM		
	Gardens, CA 90201		⊠ OTH		☐ Check if Los
			PTY		
			scc		Provide interesi
					
			☐ IND		
			СОМ		Charlett las
			☐ O1H		☐ Check if Los
			☐ PTY		
			scc		Provide interest
			□ IND		
			COM		
			<u></u> отн		☐ Check if Lo
			☐ PTY		
			□ scc		Provide interesi
				Contributor Codes IND – Individual COM – Recipient Comm OTH – Other (e.g., bus	nittee (otherthan PTY or Stances entity)
Reason for Amendment:				PTY Political Party SCC Small Contributo	