

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER HUGHES FOR HIGH SCHOOL BOARD 2022		Date of This Filing 10/23/2022	RECEIVED Date Stamp LOS ANGELES COUNTY OCT 24 AM 9:45	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 661-492-1790	I.D. NUMBER (if applicable) 1448522	Report No. CH006 2022	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Leona Valley	STATE CA	ZIP CODE 93551		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/22/2022	Marvin Crist For City Council 2022, ID# 1396979 Lancaster, CA 93534	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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

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