

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Re-Elect Albert Vera for City Council 2024		Date of This Filing 10/07/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 448-9470	I.D. NUMBER (if applicable) 1461350	Report No. 100	E-Filed 10/07/2024 09:29:53 Filing ID: 212251306	
STREET ADDRESS		☐ Amendment to Report No. (explain below)		
CITY Santa Barbara	STATE CA	ZIP CODE 93101		

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
10/04/2024	Culver City Democrats United Sacramento, CA 95841 Committee ID # 1458772	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,023.15 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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