497 Contribution NAME OF FILER L.C. U. FOL. SO AREA CODE/BHONE NI MR	anchez Raminez for Lakewood Council DZ This BER [I.D. NUMBER (if applicable)]	e of s Filing ピースロースス	Date Stamp	FORM 497
562) 889-1 STREET ADDRESS	707 1446754 Rep	Amendment Report No lain below) of Pages	. 1	For Official Use Only
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 EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BU	
1-19-22	David and Sandra Perry	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owers Star Commercial Properties	S 1000 - Check if Loan Provide interest rate
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
		IND COM OTH PTY SCC		Check if Loan Provide interest rate

Reason for Amendment: __

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COM - Recipient Committee (other than PTY or SCC)

* Contributor Codes IND - Individual

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee