

497 Contribution Report

Amounts may be rounded to whole dollars. CITY CLERK MORENO VALLEY

NAME OF FILER Hurtado for Moreno Valley Mayor 2022		Date of This Filing 9/6/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1440619	Report No. 22 OCT 27 PM 5:40		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Riverside	STATE CA	ZIP CODE 92506	No. of Pages 1	

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
9/6/2022	Karen Sandhu [REDACTED] Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/6/2022	Surinder Pal Singh [REDACTED] Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/6/2022	Peter Scheer [REDACTED] Rancho Mirage CA 92770	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mirage Surgery Surgeon	\$1,038.73 <input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

P. 002/002 (FAX) 951 300 9601 09/06/2022 15:58 Leivas Tax Wealth Management