

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER FUE XIONG		Date of This Filing 09/29/22	Date Stamp SEP 29 2022 09:14:10 AM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1450741	Report No. 001.01		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 1 of 3	

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
08/13/2022	Sebastian Cervantes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/13/2022	Gloria M. Sandoval [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/13/2022	Leticia Vaquez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <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: No donor met the \$1,000 threshold. Per FPPC, Occupation and Employer are removed and Amount Received is zeroed.

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		No. of Pages 2 of 3		

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
08/13/2022	Hope Reuschel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/13/2022	Eric Roberts [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/13/2022	Blanca Ojeda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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Reason for Amendment: No donor met the \$1,000 threshold. Per FPPC, Occupation and Employer are removed and Amount Received is zeroed.

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CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 3 of 3	

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
08/13/2022	Brnando Chang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/13/2022	Xong Vang Xiong [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/13/2022	Fue Xiong [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DTSC - Engineer	10,000.00 <input checked="" type="checkbox"/> Check if Loan 0_____% Provide interest rate

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Reason for Amendment: Only one donor, Fue Xiong, met the \$1,000 threshold. Per FPPC, Occupation and Employer are removed and Amount Received is zeroed.