

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 1:56 COUNTY REC'D | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) No. of Pages 1 OF 6 | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | | |

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 |
|---------------|--|---|--|---|
| 08/28/2022 | Pao 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 _____% <small>Provide interest rate</small> |
| 08/28/2022 | Elaine Abelaye-Mateo [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> |
| 08/28/2022 | Blong Xiong 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 _____% <small>Provide interest rate</small> |

* 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.

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--------------------------------------|--|--|------------------------|---|
| NAME OF FILER FUE XIONG | | Date of This Filing 09/29/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 2 OF 6 | |

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 |
|---------------|---|---|---|--|
| 08/28/2022 | Mycie 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 |
| 08/28/2022 | Lao Thao [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 |
| 08/28/2022 | Doua 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 |

* 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.

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--------------------------------------|--|--|------------------------|---|
| NAME OF FILER FUE XIONG | | Date of This Filing 09/29/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 3 OF 6 | |

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 |
|---------------|---|---|---|--|
| 08/28/2022 | Vang Pao 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 |
| 08/28/2022 | Super X Market [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 08/28/2022 | Ye Pao Chue [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.

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--------------------------------------|--|--|------------|---|
| NAME OF FILER FUE XIONG | | Date of This Filing 09/29/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | | |
| | | No. of Pages 4 OF 6 | | |

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 |
|---------------|--|---|--|--|
| 08/28/2022 | Sue 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 |
| 08/28/2022 | Mai Kou Lor [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 |
| 08/28/2022 | Peter Yang [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.

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--------------------------------------|--|--|------------------------|---|
| NAME OF FILER FUE XIONG | | Date of This Filing 09/29/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 5 OF 6 | |

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 |
|---------------|--|---|--|--|
| 08/28/2022 | Ka 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 |
| 08/28/2022 | Vang Chue [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 |
| 08/28/2022 | Kang Zoua 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 |

* 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.

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--------------------------------------|--|--|------------------------|---|
| NAME OF FILER FUE XIONG | | Date of This Filing 09/29/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1450741 | Report No. 004.01 | | |
| STREET ADDRESS [REDACTED] | | <input checked="" type="checkbox"/> Amendment to Report No. 004 (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 6 OF 6 | |

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 |
|---------------|--|---|--|--|
| 08/28/2022 | Chenye Blo [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 |
| 08/28/2022 | Nengyee 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 |
| 08/28/2022 | Soob Tsheej Vaaj [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.