

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK
MORENO VALLEY

NAME OF FILER Ramos for City Council 2022		Date of This Filing <u>2/23/22</u>	Date Stamp 22 FEB 23 PM 4:51	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1444629	Report No. <u>2</u>		
STREET ADDRESS [REDACTED]		Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE Moreno Valley CA 92553		No. of Pages <u>1</u>		

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
2/22/22	Law Offices of Julio J. Ramos [REDACTED] San Francisco CA 94102	IND COM OTH PTY SCC	Julio Ramos Attorney [REDACTED] San Francisco CA 94102	\$10,000 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