

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Erlan Gonzalez for Moreno Valley City Council 2024		<b>Date of This Filing</b> <u>8/20</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only MORENO VALLEY CLERK '24 SEP 12 AM 11:33
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1468567	<b>Report No.</b> <u>003</u>		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>003</u> <small>(explain below)</small>		
CITY Moreno Valley,	STATE CA	ZIP CODE 92555		
		<b>No. of Pages</b> _____		

## 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
8/15	Corey Jackson for Assembly 2024, [REDACTED] Inglewood, CA 90301, #1456602	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/16	Moss Bros. 8151 Auto Dr. Riverside, CA 92504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1468567		<b>Report No.</b> _____		
<b>STREET ADDRESS</b> 28834 McAbee Ave			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Moreno Valley,	<b>STATE</b> CA	<b>ZIP CODE</b> 92555	<b>No. of Pages</b> _____		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: \_\_\_\_\_