

497 Contribution Report

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

Clear Page

Print Form

497 CONTRIBUTION REPORT

NAME OF FILER John Brooks		Date of This Filing 7-29-22		Date Stamp RECEIVED JUL 29 2022
AREA CODE/PHONE NUMBER [REDACTED]		Report No. _____		
I.D. NUMBER (if applicable) 1422272		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		For Official Use Only
STREET ADDRESS [REDACTED]		No. of Pages 1		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		

CALIFORNIA FORM 497

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
7-29	Eight Star Logistics 1645 Daisy Avenue Long Beach, CA 90813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <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 _____%
		<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: _____