

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Price for Supervisor 2024 AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1462140	Date of This Filing 01/17/2025	Date Stamp <b>Registrar of Voters</b> <b>JAN 17 2025</b> <b>Imperial County</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
STREET ADDRESS [REDACTED]		Report No. 7 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1		
CITY STATE 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
01/17/2025	Industria International LLC 5128 Valley Blvd Los Angeles, CA 90032	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00 <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: \_\_\_\_\_