## 497 Contribution Report

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Re-elect Rodney	2022	Date of This Filing _	05/25/2022	Date Stamp	CALIFORNIA 497 FORM For Official Use Only		
AREA CODE/PHONE NU	EA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1392932		Report No. 05				
CITY  Gardena		STATE ZIP CODE  CA 90247	Amendme to Report No (explain below) No. of Pages		'22 MAY254M CITY CLERK'	*	
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
05/24/2022	Poma Partnership G 3274 Crownview Dr. Rancho Palos Verde			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	12		1,000.00  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  ———————————————————————————————————
Reason for Amend	ment:				*Contributor Codes IND – Individual COM – Recipient C OTH – Other (e.g., PTY – Political Part SCC – Small Contril	ommittee (oth business en	***