

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                  |                                               |                                                                                  |                              |                                                                                                                                                                                                                             |
|------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF FILER</b><br>Mary Rocha For Antioch School Board 2022 |                                               | <b>Date of This Filing</b> <u>10/26/2022</u>                                     | <b>Date Stamp</b>            | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed<br/>10/26/2022<br/>16:40:38</p> <p style="color: red; margin: 0;">Filing ID:<br/>205316533</p> </div> |
| <b>AREA CODE/PHONE NUMBER</b><br>(925)207-7220                   | <b>I.D. NUMBER (if applicable)</b><br>1408329 | <b>Report No.</b> <u>1357256</u>                                                 |                              |                                                                                                                                                                                                                             |
| <b>STREET ADDRESS</b>                                            |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                              |                                                                                                                                                                                                                             |
| <b>CITY</b><br>Antioch                                           | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94509                                                         | <b>No. of Pages</b> <u>1</u> |                                                                                                                                                                                                                             |

**CALIFORNIA FORM 497**

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## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                               |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 10/26/2022    | Dignity CA SEIU Local 2015<br>Los Angeles, CA 90057                                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                              | 4,900.00<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate         |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>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: \_\_\_\_\_