

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Angela Cutbill		Date of This Filing 9/13/22	RECEIVED BY ANGELES COUNTY SEP 13 PM 4:28	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818 326 1455	I.D. NUMBER (if applicable) 1451999	Report No. 2022	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS		No. of Pages 2	CAMPAIGN FINANCE	
CITY Agoura Hills CA	STATE CA	ZIP CODE 91301		

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
9/12/22	Angela Cutbill Agoura Hills CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Board Member Las Virgenes Unified School District	\$5,000 <input checked="" type="checkbox"/> Check if Loan <u>NA</u> % 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

Reason for Amendment: _____

* 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