

497 Contribution Report

Amounts may be rounded to whole dollars.

0218

NAME OF FILER Mike Murchison for Water Replenishment District 2022			Date of This Filing 11/03/2022	RECEIVED BY LOS ANGELES COUNTY Date Stamp email: 11/3 2022 NOV -4 AM 10:35 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only 021389
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1450013	Report No. 11-03-MM <input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS _____ _____			No. of Pages 1		
CITY Long Beach	STATE CA	ZIP CODE 90802			

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
11/02/2022	Aleana Development LLC. Rolling Hills Estates, CA 90274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/2022	Calabasas Village Calabasas, CA 91302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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