

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Lopez Mayor 2024</i>		Date of This Filing <i>9/25/2024</i>	Date Stamp 	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1458240</i>	Report No. <i>3</i>	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Ceres</i>	STATE <i>CA</i>	ZIP CODE <i>95307</i>	No. of Pages <i>1</i>	

## 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
<i>9/25/2024</i>	<i>Alvavado - Gil for Senate 2024 [REDACTED] Hilmar, CA 95324 #1457661</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,500</i> <input type="checkbox"/> Check if Loan <hr/> <i>Provide interest rate</i>
		<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 <hr/> <i>Provide interest rate</i>
		<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 <hr/> <i>Provide interest rate</i>

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