497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	11/4/2024	Date Stamp	CALIFORNIA FORM **497**
Lopez Mayor 2024		Report No.	4 5ᵗʰ	*Received by - 4 NOV 2024 CITY CLERK City of Ceres*	For Official Use Only
AREA CODE/PHONE NUMBER ▓▓▓▓▓▓	I.D. NUMBER *(if applicable)* 145 8 240				
STREET ADDRESS ▓▓▓▓▓▓▓		☐ Amendment to Report No. _____ (explain below)			
CITY Ceres	STATE CA	ZIP CODE 95307	No. of Pages ___1___		

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
11/1/2024	John Duarte For congress ▓▓▓▓▓▓ hilmar CA 95324	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2,000 ☐ 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 _____% 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