

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Vincent D. Chang</u>		Date of This Filing <u>9/28/2022</u>	Date Stamp	CALIFORNIA FORM 497 CITY CLERK OFFICE For Official Use Only 2022 SEP 28 P 1:49 CITY OF MONTEREY PARK
AREA CODE/PHONE NUMBER <u>(213) 268-5663</u>	I.D. NUMBER (if applicable) <u>1445914</u>	Report No. <u>1</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Alhambra</u>	STATE <u>CA</u>	ZIP CODE <u>9182</u>	No. of Pages <u>1</u>	

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
<u>8/28/22</u>	<u>Alta Health Supplies, Inc.</u> [REDACTED] <u>Alhambra, CA 91801</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>2000</u> <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
		<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