497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
TAJ FOR CITY COUNCIL

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
▮	1358275

STREET ADDRESS
▮

CITY	STATE	ZIP CODE
ARTESIA	CA-	90701

Date of This Filing 8/29/2022

Report No. _____

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

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AUG 2 9 2022

CITY OF ARTESIA

Date Stamp

CALIFORNIA FORM 497

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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
8/27/2022	MOHAMMED RAZAQ PH.D ANJUM RAZAQ PH.D ▮ CHINO HILLS, CA. 91709-6633	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF EMPLOYED/ MANUFCTURING	1000.00 ☐ 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