

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|                                       |  |   |                    |  |                       |
|---------------------------------------|--|---|--------------------|--|-----------------------|
| NAME OF FILER<br>TAJ FOR CITY COUNCIL |  | Date of This Filing<br>10/03/2022   | Date Stamp         | <b>CALIFORNIA FORM 497</b><br>RECEIVED<br>OCT 03 2022<br>CITY OF ARTESIA | For Official Use Only |
| AREA CODE/PHONE NUMBER<br>[REDACTED]  | I.D. NUMBER (if applicable)<br>1358275 | Report No. _____  |                    |  |                       |
| STREET ADDRESS<br>[REDACTED]          |  | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                    |  |                       |
| CITY<br>Artesia                       | STATE<br>CA                            | ZIP CODE<br>90701   | No. of Pages _____ |  |                       |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE*   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
|---------------|--|---|--|---|
| 09/30/2022    | Dr. SAMEER GUPTA<br>[REDACTED]<br>RANCHO SANTA FE, CA. 92067   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed at CEO of Medical IM Corp. Allergy & Asthma Care   | 4,000.00<br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate             |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate             |

\* 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

Reason for Amendment: \_\_\_\_\_