

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bowman for City Council 2022		Date of This Filing <u>6/2/2022</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1445978	Report No. <u>220601</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below) _____		
CITY La Canada Flintridge	STATE CA	ZIP CODE 91011	No. of Pages <u>1</u>	

1. Contributions 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
06/01/2022	Kim Bowman 951 Vista Del Valle Rd La Canada Flintridge, CA 91011-1804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Neighborhood Legal Services of LA County	\$10,000.00 <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