

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Delario Robinson 2022 Council</u>		Date of This Filing <u>8-8-2022</u>	Date Stamp  <b>CITY CLERK OFFICE</b>  <b>2022 AUG -8 P 1:03</b>  <b>CITY OF MONTEREY PARK</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER <u>656 378-0403</u>	I.D. NUMBER (if applicable) <u>1447620</u>	Report No. <u>1</u>		
STREET ADDRESS <div style="background-color: black; color: black;">[REDACTED]</div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Monterey Park</u>	STATE <u>Ca.</u>	ZIP CODE <u>91755</u>	No. of Pages _____	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<u>8-8-2022</u>	<u>Lams Group USA, LLC.</u> <div style="background-color: black; color: black;">[REDACTED]</div> <u>San Marino, Ca 91108-2223</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1,000</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

## MPCLerk

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