497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER: KRUPA FOR COUNCIL 2022

AREA CODE/PHONE NUMBER: [redacted]

I.D. NUMBER *(if applicable)*: 1367224

STREET ADDRESS: [redacted]

CITY: HEMET   STATE: CA   ZIP CODE: 92543

Date of This Filing: 9-29-2022

Report No. 3

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp

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SEP 29 22

City Clerk's Office

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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
9-28-2022	HEMET Police Officers ASSN. PAC [redacted]	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$4,000 ☐ 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