

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>ROSEANNA MIKOS FOR COUNCIL 2022</i>		Date of This Filing <i>9-27-2022</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>805-529-4828</i>	I.D. NUMBER (if applicable) <i>1450924</i>	Report No. <i>497-2022-01</i>	RECEIVED SEP 27 2022	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY CLERK'S DIVISION CITY OF MOORPARK	
CITY <i>MOORPARK</i>	STATE <i>CA</i>	ZIP CODE <i>93021</i>		No. of Pages <i>1</i>

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
<i>9/26/22</i>	<i>DAVID POLLOCK FOR MOORPARK CITY COUNCIL 2022 (ID # 1415000)</i> [REDACTED] <i>MOORPARK, CA 93021</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1,000.00</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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