497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Mari Barke for OC Board of Education Trustee Area 2 for 2022

AREA CODE/PHONE NUMBER

I.D. NUMBER *(if applicable)*
1441604

STREET ADDRESS

CITY STATE ZIP CODE

Date of This Filing 05/27/2022

Report No. 2022-19

☐ **Amendment to Report No.** _____
(explain below)

No. of Pages 1

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CALIFORNIA FORM 497

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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
05/25/2022	Michael Harrah INKIND	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Caribou Industries	500.00 ☐ Check if Loan _____% Provide interest rate
05/27/2022	Michael Harrah	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Caribou Industries	5,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% 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: _____

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