

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Carlos N Olvera		Date of This Filing 10/24/12	Date Stamp RECEIVED	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1349922	Report No. 1	2012 OCT 25 A 7:04	CALIFORNIA FORM 497
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)	ANA HANA POINT	For Official Use Only
CITY [REDACTED]	STATE [REDACTED]			ZIP CODE [REDACTED]
		No. of Pages 1		

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
10/23/12	Carlos N Olvera [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate	3,000.00 <input checked="" type="checkbox"/> Check if Loan N/A % <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>

****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: _____

10/24/12 4:54 PM
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 PAGE 01