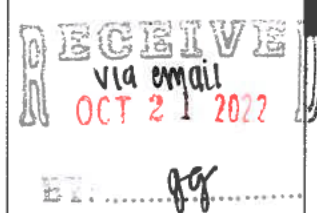


497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Moorlach for Mayor 2022		Date of This Filing <u>10/21/2022</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1451893	Report No. <u>2022-21</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages <u>1</u>	

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
10/20/2022	The John Saunders Trust [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

*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: _____