497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER			Date of This Filing 01/28/2020	Date Stamp	For Official Use Only
Save Lemon Grove - Yes on S					
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		Report No. 01282020-1	RECEIVED	
▮▮▮▮▮▮▮	1423817			JAN 28 2020	
STREET ADDRESS			☐ Amendment to Report No. _____ *(explain below)*	CITY CLERK	
▮▮▮▮ ▮▮▮ ▮▮▮▮▮▮ ▮▮▮▮▮▮					
CITY	STATE	ZIP CODE	No. of Pages ___ 1		
Lemon Grove	CA	91945			

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
01/28/2020	Lemon Grove Firefighters Assoc PAC 7853 Central Avenue Lemon Grove, CA 91945 Committee ID # 1312577	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		3,000.00 ☐ 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