

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Stephanie Klopfenstein		DATE RECEIVED 2016 SEP 19 AM		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-510-0341	ID NUMBER (if applicable) 1389674	Date of This Filing 9-19-16	AMOUNT RECEIVED \$2,000.00	
STREET ADDRESS 12511 Pine St.		Report No. _____	Provide interest rate _____%	
CITY Garden Grove	STATE CA	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	Provide interest rate _____%	
	ZIP CODE 92840	No. of Pages 1	Provide interest rate _____%	

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
9-10-16	Steve Fellner - GG Firefighter PAC 2933 Perla Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Firefighters PAC - GGFD	\$2,000.00 <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: _____