497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER			Date of This Filing 08/24/2018	Date Stamp	CALIFORNIA FORM 497
Serrano for City Council 2018					For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		Report No. 18-1		
[redacted]	1408438		☐ Amendment to Report No. _____ (explain below)		
STREET ADDRESS			No. of Pages 1		
[redacted]					
CITY	STATE	ZIP CODE			
Garden Grove	CA	92845			

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
08/24/2018	Denis Ernandes 3983 Sage Ridge Yorba Linda, CA 92887	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Brown Insurance	1,000.00 ☐ 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

*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: _____