497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Keep Garden Grove Safe, A Committee Supporting Measure O		10/10/2018		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 18-5		
(714) 921-1181	1409529			
STREET ADDRESS		☐ Amendment to Report No. ____ (explain below)		
12913 Harbor Blvd #Q3 #174				
CITY / STATE / ZIP CODE		No. of Pages 1		
Garden Grove / CA / 92840				

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
10/10/2018	Garden Grove Firefighters PAC 2933 Perla Newport Beach, CA 92660 Committee ID # 780696	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		20,000.00 ☐ 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: _____