497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER		Date of This Filing 09/04/2015	Date Stamp
Brian Gutierrez for West Covina City Council 2015			RECEIVED SEP 04 2015 CITY CLERK'S OFFICE CITY OF WEST COVINA
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1379095	Report No. 09032015-1	
STREET ADDRESS 249 E. Ocean Blvd., Ste. 685		☐ Amendment to Report No. _____ (explain below)	
CITY Long Beach	STATE CA / ZIP CODE 90802	No. of Pages 1	

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
09/03/2015	Brian Gutierrez 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Vice President DEL Records	2,500.00 ☐ Check if Loan _____% Provide interest rate
09/03/2015	Brian Gutierrez 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Vice President DEL Records	1,000.00 ☐ 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: _____