497 Contribution Report

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

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER: Joe Lara-Gardner for West Covina City Council 2015	Date of This Filing: 10/05/2015
AREA CODE/PHONE NUMBER: (626)407-7571	I.D. NUMBER (if applicable): 1376034
STREET ADDRESS: 2648 E. Workman Ave., Suite 3001, #216	Report No.: 10-05JLG
CITY: West Covina / STATE: CA / ZIP CODE: 91791	☐ Amendment to Report No. _____ (explain below)
	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
10/02/2015	Joe Lara-Gardner 2648 E. Workman Ave., Suite 3001, #216 West Covina, CA 91791	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	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: _____

FPPC Form 497 (March/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)