

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Colleen Rozatti		Date of This Filing 09/26/2018	Date Stamp RECEIVED 2018 SEP 24 AM 9:22 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. 1		No. of Pages _____
CITY West Covina		STATE Ca.	ZIP CODE 91790	

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
08/08/2018	Colleen Rozatti [REDACTED] West Covina Ca 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WEUSD [REDACTED] West Covina Ca 91790	500.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
09/19/2018	Colleen Rozatti [REDACTED] West Covina Ca 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WEUSD [REDACTED] West Covina Ca 91790	600.00 <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

Reason for Amendment: _____

***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

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