

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dario Castellanos MBA for West Covina City Council 2018		Date of This Filing 10/30/2018	
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (# applicable) 1407550	
STREET ADDRESS [REDACTED]		Report No. _____	
CITY [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STATE [REDACTED]		No. of Pages 1	
ZIP CODE [REDACTED]		2018 OCT 30 PM 3:53 RECEIVED CITY OF WEST COVINA CITY CLERK'S OFFICE	
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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
08/01/2018	Dario Castellanos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Administrator Castellanos Family Practice	\$10,000 <input checked="" type="checkbox"/> Check if Loan 0% Provide interest rate
10/19/2018	Dario Castellanos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Administrator Castellanos Family Practice	\$10,000 <input checked="" type="checkbox"/> Check if Loan 0% 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