

497 Contribution Report

RECEIVED

Amounts may be rounded to whole dollars.

NAME OF FILER

Brian Gutierrez for West Covina City Council 2020

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

14299327

STREET ADDRESS

CITY

Long Beach

STATE

CA

ZIP CODE

90802

Date of This Filing 10/20/2020

Date Stamp

Report No. 102020-1

Amendment to Report No. (explain below)

No. of Pages 1

497 CONTRIBUTION REPORT

CALIFORNIA FORM # 497

For Official Use Only

CITY OF WEST COVINA CITY CLERK'S OFFICE

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
10/20/2020	Brian Gutierrez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President DEL Records	1,300.00
		<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
		<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:

*Contribution Codes
 IND - Individual
 COM - Recipient Committee (other than PTY in 111(c))
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee