

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>BENNETT FOR CITY COUNCIL 2020</b>			Date of This Filing 10/21/2020	Date Stamp <b>RECEIVED</b> 2020 OCT 21 PM 3:17 CITY OF WEST COVINA CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1425306		Report No. 1		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. NONE (explain below)		
CITY WEST COVNA	STATE CA	ZIP CODE 91790	No. of Pages 1		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/20/2020	VERACT, INC. 336 1/2 GLENDORA AVE WEST COVINA, CA 91790	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/20/2020	MIRIAM TENNANT 1744 ASPEN VILLAGE WAY WEST COVINA, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
NONE	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	0.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: CONTRIBUTIONS RECEIVED AFTER FORM 460 PRE-ELECTION STATEMENT  
DATE RANGE EXPIRED.

\* 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