OCT 22 PM 12:19

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 10/19/2018	Date Stamp	CALIFORNIA FORM 497
Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018				For Official Use Only
AREA CODE/PHONE NUMBER: (562) 983-0815	I.D. NUMBER (if applicable): 1407318	Report No. 10-19-TS		
STREET ADDRESS: 525 E. Seaside Way, #101-C		☐ Amendment to Report No. _____ (explain below)		
CITY: Long Beach	STATE: CA / ZIP CODE: 90802	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
10/18/2018	District Council fo Iron Workers 1660 San Pablo Ave., #C Pinole, CA 94564 Committee ID # 831693	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		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: _____