

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Marc Saunders for City Council 2018		Date of This Filing 10/29/2018	<div style="border: 1px solid black; padding: 5px;"> <p>RECEIVED 497</p> <p>18 OCT 29 P 5:24</p> <p>CITY OF WALNUT CITY CLERKS OFFICE</p> <p>1 of 1</p> </div>
AREA CODE/PHONE NUMBER (949) 533-6058	I.D. NUMBER (if applicable) 1410769	Report No. 2	
STREET ADDRESS Ste 707 1440 N Harbor Blvd		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY Fullerton	STATE CA	ZIP CODE 92835	

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
10/29/2018	Association for Los Angeles Deputy Sheriffs State PAC 2 Cupania Circle Monterey Park CA 91755 ID :1410769	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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
		<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

*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: _____

