

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK OFFICE
497 CONTRIBUTION REPORT

NAME OF FILER Peter Chan for Council 2017		Date of This Filing 02/13/2017	Date Stamp 2017 MAR	CALIFORNIA FORM 497 For Official Use Only CITY OF MONTEREY PARK
AREA CODE/PHONE NUMBER (626) 548-9722	I.D. NUMBER (if applicable) 1349160	Report No. ³		
STREET ADDRESS 668 Aztec Way		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Monterey Park	STATE CA	ZIP CODE 91754	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
02/11/2017	Athens Services 14048 E Valley Blvd La Puente, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

2017 MAR - 2 P 1:00

CITY CLERK OFFICE

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

page 1

Feb 28 2017 09:14PM HP Fax

HP LaserJet Pro MFP M521dn

Fax Confirmation

Feb-11-2017 6:53PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
1173	2/11/2017	6:52:22PM	Send	6262886861	0:40	1	OK

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STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 497 CONTRIBUTION REPORT
 FORM 497
 REV. 01/01/04

DATE RECEIVED: 02/11/2017
 REPORTING PERIOD: 02/11/2017
 CONTRIBUTOR: NINA S. SANCHEZ
 4441 E. WALLEY BLVD
 LA BREA, CA 92116
 CITY: LA BREA
 STATE: CA
 ZIP: 92116

DATE REPORTED: 02/13/2017
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTION CODE	IF AN INDIVIDUAL, STATE OCCUPATION AND EMPLOYER	AMOUNT RECEIVED
02/11/2017	NINA S. SANCHEZ 4441 E. WALLEY BLVD LA BREA, CA 92116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTN <input type="checkbox"/> PTY <input type="checkbox"/> SOC		1,250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTN <input type="checkbox"/> PTY <input type="checkbox"/> SOC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTN <input type="checkbox"/> PTY <input type="checkbox"/> SOC		

Reason for Amendment: _____

Contributor Code:
 NO - Individual
 NA - Non-Profit (Not a 501(c)(3) or 501(c)(29))
 PT - Political Party
 SOC - Small Contributor Committee

Print Form 497 at: www.ftoca.gov
 PRC Advice: advice@ftoca.gov (866)726-3721
www.ftoca.gov