

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> FRIENDS FOR DAVID HAPPE FOR CITY COUNCIL 2018		<b>Date Stamp</b> OCT 24 2018		<b>CALIFORNIA</b> FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 619-916-6828	<b>I.D. NUMBER (if applicable)</b> 1412310	<b>Date of This Filing</b> 10/24/2018	<b>Report No.</b> 6	
<b>STREET ADDRESS</b> 4256 HILLSIDE DRIVE		<b>STATE</b> CA	<b>ZIP CODE</b> 92220	
<b>CITY</b> BANNING		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>No. of Pages</b> 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
10/24/2018	BUSINESS LEADERS FOR ETHICAL GOVERNMENT 330 ENCINITAS BLVD., SUITE 101 ENCINITAS, CA 92024 ID# 1407824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1030.32</b> <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: \_\_\_\_\_

\*\*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