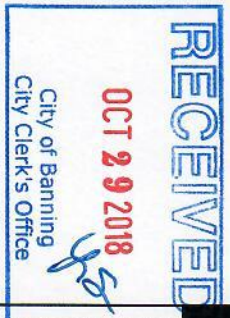


# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Friends for David Happe for City Council 2018		<b>Date of This Filing</b> <u>10-29-18</u>	
<b>AREA CODE/PHONE NUMBER</b> 619-916-6828	<b>I.D. NUMBER (if applicable)</b> 1412310	<b>Report No.</b> <u>6</u>	<b>Date Stamp</b> 
<b>STREET ADDRESS</b> 4256 Hillside Dr		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
<b>CITY</b> Banning	<b>STATE</b> Ca	<b>ZIP CODE</b> 92220	<b>No. of Pages</b> _____

CALIFORNIA  
FORM  
497  
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## 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
10/26/18	Business Leaders for Ethical Government 330 Encinitas Blvd., Suite 101 Encinitas, Ca 92024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00 <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 _____%

**\*\*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: \_\_\_\_\_