


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Friends For David Happe for City Council 2018		Date of This Filing 11/01/2018	
AREA CODE/PHONE NUMBER 619-916-6828		I.D. NUMBER (if applicable) 1412310	
STREET ADDRESS 4256 Hillside Dr		Report No. 7	
CITY Banning		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STATE Ca		No. of Pages 2	
ZIP CODE 92220		Date Stamp 	
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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
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$444.42 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$1124.07 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$902.49 <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

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AREA CODE/PHONE NUMBER 619-916-6828		I.D. NUMBER (if applicable) 1412310			
STREET ADDRESS 4256 Hillside Dr		Report No. 2			
CITY Banning		STATE Ca		ZIP CODE 92220	
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 2	

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
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$1030.32 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$950.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/31/2018	Business Leaders for Ethical Government 330 Encinitas Blvd., STE 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		\$70.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

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