2014-10-19 10:30 TINAFAX4242509440 4242509440 >> 9514133009 P 1/1

497 Contribution Report

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

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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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Gwendolyn Cross for City Council 2014

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER (if applicable)
1360513

STREET ADDRESS
[redacted]

CITY: Los Angeles
STATE: CA
ZIP CODE: 90008

Date of This Filing: 10/18/14

Report No.: 1

☐ Amendment to Report No. ____ (explain below)

No. of Pages: 1

Date Stamp

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
10/18/14	Hall For Senate 2016 3700 Wilshire Bl., Ste. 1050B Los Angeles, Ca 90010 #1354418	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: ____