

497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER
Tony Amador for Lodi City Council 2010

AREA CODE/PHONE NUMBER
209-662-3800

I.D. NUMBER (if applicable)
1332313

STREET ADDRESS
2062 Henderson Way

CITY
Lodi, CA 95242

STATE **ZIP CODE**

Date of This Filing 10/27/2010

Report No. 1

Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp
OCT 27 PM 2:37

CITY CLERK
CITY OF LODI

CALIFORNIA FORM 497

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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
10/27/2010	Arthur Kassel 511 Foothill Rd. Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Eagle & Badge Foundation	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

*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: _____

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PRESLEY&ASSOC

10/27/2010 14:46 FAX 9498586807