497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

Date Stamp
2010 OCT 18 PM
CITY CLERK
CITY OF LODI

NAME OF FILER: Committee to Elect John E. Johnson Lodi City Council 2010

AREA CODE/PHONE NUMBER: 209-369-1451

I.D. NUMBER (if applicable): 1288867

STREET ADDRESS: 106 S. Orange Ave

CITY: Lodi

STATE: CA

ZIP CODE: 95240

Date of This Filing: 10/18/10

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 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
10/18/10	CREPAC #890106 525 South Virgil Ave Los Angeles CA 90020	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2000 ☐ 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: _____