497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 8/12/2014	Date Stamp	CALIFORNIA FORM 497
Jan Chandler			RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2	AUG 28 2014	
209-368-6676				
STREET ADDRESS		☒ Amendment to Report No. 2 (explain below)	CITY CLERK	
720 N. Sacramento St.				
CITY / STATE / ZIP CODE		No. of Pages 2		
Lodi / CA / 95240				

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
8/12/2014	Bruce Burlington 1430 Edgewood Dr. Lodi, CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	San Joaquin Sulphur Co., Inc	1000.00 ☐ 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: _____

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STREET ADDRESS: 720 N. Sacramento St.		☒ Amendment to Report No. 2 (explain below)		
CITY: Lodi	STATE: CA / ZIP CODE: 95240	No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
8/12/2014	Mark Chandler 720 N. Sacramento St. Lodi, CA 95240	Mark Chandler Lodi City Council	1000.00	11/04/2014

Reason for Amendment: Incorrect election date originally reported