

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee to Elect Sanford Davidson for City Council of PVE, CA 2020

AREA CODE/PHONE NUMBER
[REDACTED]

STREET ADDRESS
1345 Via Zumaya

CITY
Palos Verdes Estates

STATE
CA

ZIP CODE
90274

ID. NUMBER (if applicable)
EIN 85-2435379

Date of This Filing
10/06/20

Report No.
Number 7

Amendment to Report No. [REDACTED]
(explain below)

No. of Pages
1

Date Stamp

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OCT 06 2020

CITY CLERK
PALOS VERDES ESTATES

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CALIFORNIA FORM 497

1. Contribution(s) Received


DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/29/20	Ms. Audrey Lowman [REDACTED] PVE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	<input type="checkbox"/> Check if Loan \$ <u>1,500.00</u> 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 _____%

Reason for Amendment: N/A

* 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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NAME OF FILER Committee to Elect Sanford Davidson for City Council of PVE, CA 2020		Date of This Filing 10/06/20			CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	ID. NUMBER (if applicable) EIN 85-2435379	Report No. Number 6	Date Stamp OCT 06 2020		
STREET ADDRESS 1345 Via Zumaya		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1		
CITY Palos Verdes Estates	STATE CA	ZIP CODE 90274			

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
10/05/20	Mr. & Mrs. Carron [REDACTED] PVE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	<input type="checkbox"/> Check if Loan \$250.00 Provide interest rate _____%
10/05/20	Richard Briggs (Cashiers check)	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	<input type="checkbox"/> Check if Loan \$1000.00 Provide interest rate _____%

Reason for Amendment: N/A

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