

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Teresa Rosick for Lemon Grove City Council 2020</i>		Date of This Filing <i>9/14/2020</i>	Date Stamp Received <i>09/14/20 in the City Clerk's Office via email at 4:01 pm SC</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1430123</i>	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <i>1</i>		
STREET ADDRESS [REDACTED]				
CITY <i>Lemon Grove</i>	STATE <i>CA</i>	ZIP CODE <i>91945</i>		

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
<i>9/12/2020 Sat.</i>	<i>Jack Moore</i> [REDACTED] <i>9</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan <i>N/A</i> <i>N/A</i> % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>

Reason for Amendment: _____

* 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