

497 Contribution Report

Amounts may be rounded to whole dollars.

Original

NAME OF FILER
Jessyka Heredia 4 **Lemon Grove City Council.**

AREA CODE/PHONE NUMBER
 [REDACTED]

I.D. NUMBER (if applicable)
Pending

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
Lemon Grove CA 91945

Date of This Filing **8/19/2024**

Report No. **1**

Amendment to Report No. _____
 (explain below)

No. of Pages **1**

Date Stamp

Received
AUG 19 2024

City Clerk
 [REDACTED]

CALIFORNIA FORM **497**

For Official Use Only

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
8/18/2024	Scott EFT [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Quality Assurance Currently No Employer	1000⁰⁰ <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

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