

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Shelley Kaplan		Date of This Filing 7/24/2019		Date Stamp CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER 617-842-1243		I.D. NUMBER (if applicable) 1417408		RECEIVED For Official Use Only JUL 24 2019 CITY CLERK DEPT	
STREET ADDRESS 67785 Foothill Rd				<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Cathedral City		STATE CA		No. of Pages _____	
ZIP CODE 92234					

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
7/24/2019	UFCW Local 1167 AFL-CIO P O Box 1167 Bloomington CA 92316-0030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500 <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 _____%

* 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: _____