

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Rita Lamb for Chedral City Council		Date of This Filing <u>07/15/2019</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 760-413-5175	I.D. NUMBER (if applicable) fppc#1418464	Report No. _____		
STREET ADDRESS P.O. BOX 1021		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cathedral City	STATE CA	ZIP CODE 92235	No. of Pages <u>1</u>	

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
07/15/2019	JESSUP SUTO PLAZA 68-111 East Palm Canyon Dr Cathederl City CA 92234	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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

* 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: _____
