

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF BELL GARDENS
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

NAME OF FILER Christian Mendez for City Council 2020		Date of This Filing 10/27/2020	Date Stamp 2020 OCT	CALIFORNIA FORM 497 For Official Use Only 7100 GARFIELD AVE BELL GARDENS, CA 90201
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1430204	Report No. 102720IK		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 1	

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
10/27/2020	Jennifer Rodriguez for City Council 2020 [REDACTED] Long Beach, CA 90802 Committee ID # 1422572 NON MONETARY CONTRIBUTION Convaser Salary Costs	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,933.62 <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: _____