

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Residents for a Better Bell Gardens Yes on A			Date of This Filing 10/06/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)		Report No. 1		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Long Beach	STATE CA	ZIP CODE 90802	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
10/06/2020	Bell Gardens Police Officers Association Inc [REDACTED] Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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: _____