

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|---|--|----------------------------|
| NAME OF FILER Dario Castellanos MBA for West Covina City Council 2018 | | Date of This Filing <u>10/30/2018</u> | Date Stamp RECEIVED | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1407550 | Report No. _____ | 2018 OCT 30 PM 3: 53 | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | CITY OF WEST COVINA CITY CLERK'S OFFICE | |
| CITY West Covina | STATE CA | ZIP CODE 91791 | No. of Pages <u>1</u> | |

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 |
|---------------|--|---|--|--|
| 08/01/2018 | Dario Castellanos [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Healthcare Administrator Castellanos Family Practice | \$10,000 <input checked="" type="checkbox"/> Check if Loan <u>0</u> % Provide interest rate |
| 10/19/2018 | Dario Castellanos [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Healthcare Administrator Castellanos Family Practice | \$10,000 <input checked="" type="checkbox"/> Check if Loan <u>0</u> % 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: _____