

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER PROP Y Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing <u>09/08/2020</u>	Date Stamp 2020 SEP -9 PM 3:35 9/8/20 CALIFORNIA FORM 497 For Official Use Only G11303
AREA CODE/PHONE NUMBER <u>(949)858-7448</u>	I.D. NUMBER (if applicable)	Report No. <u>2020-1</u>	
STREET ADDRESS <u>9070 Irvine Center Drive #150</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92618</u>	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
09/08/2020	Cordoba Corporation 1401 N Broadway Los Angeles, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00
		<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

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Committee for Citrus College - Yes on Measure Y 2020

AREA CODE/PHONE NUMBER

(949) 858-7448

I.D. NUMBER (if applicable)

1431409

STREET ADDRESS

9070 Irvine Center Drive #150

CITY

Irvine

STATE

CA

ZIP CODE

92618

Date of

This Filing 09/18/2020

Report No. 2020-4

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 2

Date Stamp

2020 SEP 21 PM 4:40

2020 SEP 21 PM 4:40

497 CONTRIBUTION REPORT

CALIFORNIA
FORM

497

For Official Use Only

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
09/18/2020	KNA Structural Engineers, Inc 9931 Muirlands Blvd Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00
		<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
		<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

Reason for Amendment: _____

*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

FPPC Form 497 (Feb/2019)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

497 Contribution Report

Amounts may be rounded to whole dollars.

2020-4-L-01

Email

NAME OF FILER Propy

Committee for Citrus College - Yes on Measure Y 2020

AREA CODE/PHONE NUMBER

(949) 858-7448

STREET ADDRESS

9070 Irvine Center Drive #150

CITY

Irvine

STATE

CA

ZIP CODE

92618

Date of This Filing 09/15/2020

Report No. 2020-2

☐ Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp

SEP 17 PM 4:25
9/15/20

CALIFORNIA FORM 497

For Official Use Only

611308

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
09/15/2020	Keenan & Associates, Inc. 2355 Crenshaw Blvd Torrance, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/15/2020	MWE Engineering Inc. 4115 Sorrento Valley Blvd San Diego, CA 92121	<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
09/15/2020	Westberg + White, Inc. 14471 Chambers Rd Ste 210 Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

SS

497 Contribution Report

Amounts may be rounded to whole dollars.

2020-4-LO
Email

NAME OF FILER PROP Y Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing <u>09/16/2020</u>	Date Stamp SEP 17 PM 4:20 9/16/20	CALIFORNIA FORM 497 For Official Use Only Call 308
AREA CODE/PHONE NUMBER <u>(949)858-7448</u>	I.D. NUMBER (if applicable)	Report No. <u>2020-3</u>		
STREET ADDRESS <u>9070 Irvine Center Drive #150</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92618</u>	No. of Pages <u>2</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
09/16/2020	Lisa Conyers 21457 Tennyson Rd Moreno Valley, CA 92557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2020	Massadi Enterprises, Inc. Diamond Precision Tool Group Calabasas, CA 91302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2020	Moreto Mathison & Associates Architects Inc. 1315 S Grand Ave Ste 202 Glendora, CA 91740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

SS

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing 09/16/2020	Date Stamp SEP 17 PM 4:25	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable)	Report No. 2020-3		
STREET ADDRESS 9070 Irvine Center Drive #150		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 2	

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
09/16/2020	Pezeshki Engineering, Inc. 1920 E Walnut Ave 3-H Santa Ana, CA 92705	<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

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

2020-4-LCOR

Envi

497 CONTRIBUTION REPORT

NAME OF FILER <u>PROPY</u> Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing <u>09/18/2020</u>	Date Stamp 2020 SEP 21 PM 4:10 CALIFORNIA FINANCE	CALIFORNIA FORM 497 For Official Use Only <u>61/303</u>
AREA CODE/PHONE NUMBER <u>(949) 858-7448</u>	I.D. NUMBER (if applicable) <u>1431409</u>	Report No. <u>2020-4</u>		
STREET ADDRESS <u>9070 Irvine Center Drive #150</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92618</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
09/17/2020	D'Autremont-Helms & Associates Inc 150 S Arroyo Pkwy Ste 100 Pasadena, CA 91105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/17/2020	John A. Martin & Associates, Inc. 950 S Grand Ave 4th Fl Los Angeles, CA 90015	<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
09/17/2020	Jamie Ray-Clibon 25652 La Cima Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

SS

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing 09/18/2020	Date Stamp 2020 SEP 18 PM 4:13	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable) 1431409	Report No. 2020-4	CAMPAIGN FINANCE	
STREET ADDRESS 9070 Irvine Center Drive #150		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618		

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
09/18/2020	KNA Structural Engineers, Inc 9931 Muirlands Blvd Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

2020-4-LEC

Email

497 CONTRIBUTION REPORT

NAME OF FILER PROP Y Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing <u>09/19/2020</u>	Date Stamp email 2020 SEP 21 PM 4:40 9/19/20 CALIFORNIA FILING	CALIFORNIA FORM 497 For Official Use Only G11303
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable) 1431409	Report No. <u>2020-5</u>		
STREET ADDRESS 9070 Irvine Center Drive #150		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	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
09/19/2020	Fagen Friedman & Fulfroost LLP-Peter K. Fagen 6300 Wilshire Blvd Ste 1700 Los Angeles, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00
		<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
		<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

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee for Citrus College - Yes on Measure Y 2020		Date of This Filing 09/21/2020	Date Stamp 2020 SEP 22 PM 1:56 SHERES COUNTY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable) 1431409	Report No. 2020-6		
STREET ADDRESS 9070 Irvine Center Drive #150		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618		

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
09/21/2020	VCA Engineers Inc 8136 2nd St Ste 208 Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

2020-4-LCD1

497 CONTRIBUTION REPORT

NAME OF FILER PROPY Committee for Citrus College Yes on Measure Y 2020		Date of This Filing 09/21/2020	RECEIVED ANGELES COUNTY SEP 22 PM 1:56	CALIFORNIA FORM 497 For Official Use Only EM1303
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable) 1431409	Report No. 2020-6		
STREET ADDRESS 9070 Irvine Center Drive #150		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	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
09/21/2020	VCA Engineers Inc 8136 2nd St Ste 208 Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

Reason for Amendment: _____

*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

SS

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

2020-4-L001

OS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER

Committee for Citrus College - Yes on Measure Y 2020

AREA CODE/PHONE NUMBER

(949)858-7448

I.D. NUMBER (if applicable)

1431409

STREET ADDRESS

9070 Irvine Center Drive #150

CITY

Irvine

STATE

CA

ZIP CODE

92618

Date of This Filing

09/24/2020

Report No.

2020-7

☐ Amendment to Report No.

(explain below)

No. of Pages

1

Date Stamp
2020 SEP 24 PM 3:

CAMPAIGN FINANCE

CALIFORNIA FORM

497

For Official Use Only

611303

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
09/23/2020	Citrus College Foundation 1000 W Foothill Blvd Glendora, CA 91741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/23/2020	HMC Architects, Inc 3546 Concourses Street Ontario, CA 91764	<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

Reason for Amendment: _____

*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

SS