

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT ALAN FERDMAN for CITY COUNCIL 2016		Date of This Filing 9/21/16	Date Stamp	CALIFORNIA FORM 497 <small>For Official Use Only</small> CITY OF SANTA CLARITA 2016 DEC 5 PM 2:11 CITY CLERKS OFFICE
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1356733	Report No. 1		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 <small>(explain below)</small>		
CITY	STATE	ZIP CODE	No. of Pages 1 of 1	

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
9/20/16	Chuck Leroy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Plaza Improvement Assoc. , Principal	1000 <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: Company information provided as requested

****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

