

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Rec 2/21/14 per AC

497 CONTRIBUTION REPORT

NAME OF FILER <i>Weste For City Council 2014</i>		Date of This Filing <i>2/21/2014</i>	Date Stamp CITY OF SANTA 2014 FEB 24 RECEIVED PURCHASING	CALIFORNIA FORM 497 For Official Use Only 12:42
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____	
STATE		ZIP CODE		

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
<i>2/21/2014</i>	<i>Louise Arkin</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Homemaker</i>	<i>500.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>2/20/2014</i>	<i>Charlie Rasmussen</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>2/20/2014</i>	<i>Sandoz Family Trust</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>500.00</i> <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