497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER	Re Elect Tim Ben Boydston to City Council 2016

AREA CODE/PHONE NUMBER

I.D. NUMBER *(if applicable)*
1343994

STREET ADDRESS

CITY   STATE   ZIP CODE

Date of This Filing __9-30-16__

Report No. __4__

☒ Amendment to Report No. __460__
(explain below)

No. of Pages __1__

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
9-30-16	Michael Alvarez	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self- Media Management	☐ Check if Loan _____% Provide interest rate
9-30-16	Carolina A Martinez	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov