

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Tim O'Neil</i>	Date of This Filing <i>9-29-16</i>	Date Stamp 2016 SEP 29 PM 4:59	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) [REDACTED]	Report No. <i>1</i>	CITY MANAGER & CITY CLERK OFFICES	
CITY STATE ZIP CODE <i>IMPERIAL BEACH CA 91932</i>	No. of Pages <i>1</i>		

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
<i>9-29-16</i>	<i>BRIAN BILBRAY FOR CONGRESS</i> [REDACTED] <i>IMPERIAL BEACH, CA 91932</i> <i>FEC ID: C00300830</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1,000.00</i> <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