497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
BOBBY PATTON FOR CITY COUNCIL 2016		10/10/16	2016 OCT 10 PM 2:36	For Official Use Only
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1389605	Report No. 2	CITY MANAGER & CITY CLERK OFFICES	
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY: IMPERIAL BEACH	STATE: CA / ZIP CODE: 91932	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
10/9/16	DAVID L. MALCOLM [redacted] SAN DIEGO, CA 92101	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FINANCE SUNCOAST	500.00 ☐ Check if Loan _____% Provide interest rate
10/9/16	MALCOLM FAMILY 2002 TRUST [redacted] IMPERIAL BEACH, CA 91932	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00 ☐ 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: _____