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Amounts may be rounded to whole dollars.

497 Contribution Report

NAME OF FILER
BOBBY PATTON FOR CITY COUNCIL 2016

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1389605

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE

Date of This Filing **10/30/16**

Report No. **2**

Amendment to Report No. **1**
(explain below)

No. of Pages **1**

Date Stamp
2016 OCT -3 PM 2:07

CITY MANAGER & CITY CLERK OFFICES

CALIFORNIA FORM 497

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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 |
|---------------|--|---|--|--|
| 19 8/1/16 | BRIAN BILBAY FOR CONGRESS #C00300830 [REDACTED] IMPERIAL BEACH, CA 91932 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 <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: TO INCLUDE COMMITTEE NUMBER

****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