

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Gloria Sanchez for Menifee City Council Fourth District for 2018		Date of This Filing 10/2/2018		Date Stamp City of Menifee City Clerk OCT 02 2018 Received		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable) 1406876		Report No. 1		
STREET ADDRESS [REDACTED]		STATE CA		to Report No. [REDACTED]		No. of Pages 1
CITY Menifee		ZIP CODE 92584		(explain below)		

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
8/28/2018	John R Saunders [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saunders Plaza LLC	\$2000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
8/28/2018	Optimus Building Group [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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