## **497 Contribution Report**

NAME OF FILER

Amounts may be rounded to whole dollars. CITY CLERK
MORENO VALLEY
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Date Stamp

497	CONT	TRIBLI	TION	REPOR

**CALIFORNIA** 

Dr. Gutierrez for Mayor 2016			This Filing	09/08/2016 6	EP -8 AM 10: 30		FORM 497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1387813							Official Use Only	
STREET ADDRESS		Amendment to Report No.						
CITY STATE ZIP CODE  Moreno Valley CA 92551				(explain below)  No. of Pages1				
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ΓOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED		
09/07/2016	Envisioning Future Moreno Valley, CA	92557	9		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00  Check if Loan  **Reprovide interest rate**
					IND   COM   OTH   PTY   SCC			☐ Check if Loan  ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
Reason for Amend	ment:					OTH - Other (e PTY - Political F	nt Committee (oth .g., business ent	

Date of