Marie Macias, MMC

From:

Gary Crummitt <

Sent:

Thursday, October 13, 2016 10:25 AM

To:

Marie Macias, MMC

Subject:

FW: Dr. Gutierrez for Mayor 2016 - 497

Attachments:

10-3-16FPPC497_LCR.pdf

Marie -

Here is the original email sent on October 3. It was sent to Ewa Lopez.

Gary

Gary Crummitt

Crummitt & Associates

Long Beach, CA 90802

CONFIDENTIALITY NOTICE

This communication is intended only for the use of the person to whom it is addressed. It may contain information that is privileged or confidential. Any unauthorized disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone or return e-mail, delete the message from your computer system, and return any hard copies of the message to the sender by mail. Your assistance in maintaining the integrity of e-mail communications is appreciated.

From: Gary Crummitt

Sent: Monday, October 03, 2016 4:11 PM

To: Ewa Lopez, CMC

Subject: Dr. Gutierrez for Mayor 2016 - 497

Attached please find Form 460 for Dr. Gutierrez for Mayor 2016.

Thank you and please confirm receipt of this email.

Gary

Gary Crummitt

Crummitt & Associates

Long Beach, CA 90802

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK MORENO VALLEY RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Dr. Gutierrez for Mayor 2016		Date of This Filing	10/03/2016	6 OCT 13 AH11: 03	CALIFORNIA 497	
REA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1387813		Report No. 10-03YG			For Official Use Only	
STREET ADDRESS CITY Moreno Valley	STATE ZIP CODE CA 92551	Amendme to Report No. (explain below) No. of Pages				
1. Contribution(s) Received						
DATE FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
09/30/2016 Nelson Chung Newport Beach, CA	92660		IND COM OTH PTY SCC	President Pacific Community Builde	ers, Inc.	15,000.00 ☐ Check if Loan ———————————————————————————————————
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan ———————————————————————————————————
Reason for Amendment:				*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)