


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER FRIENDS FOR DAVID HAPPE FOR CITY COUNCIL 2018		Date of This Filing 10/24/2018		Date Stamp 		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 619-916-6828		I.D. NUMBER (if applicable) 1412310		Date of Report No. 5			
STREET ADDRESS 4256 HILLSIDE DRIVE		STATE CA		ZIP CODE 92220			
CITY BANNING				<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
				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
10/23/2018	BUSINESS LEADERS FOR ETHICAL GOVERNMENT 330 ENCINITAS BLVD., SUITE 101 ENCINITAS, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$461.70 <input type="checkbox"/> Check if Loan Provide Interest rate _____%
10/23/2018	BUSINESS LEADERS FOR ETHICAL GOVERNMENT 330 ENCINITAS BLVD., SUITE 101 ENCINITAS, CA 92024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$562.50 <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