

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dean Deines for Menifee City Council District 4 2018		Date of This Filing 08/08/18		Date Stamp City of Menifee City Clerk AUG 20 2018 Received		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable) 1407458		Report No. DD102		
STREET ADDRESS [REDACTED]		STATE Ca		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Menifee		ZIP CODE 92586		No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/18/2018	John Denver for MSJC Trustee Area 3 [REDACTED]	<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 0 % 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 0 % 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