

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Daisy Macias			Date of This Filing 9-16-2024	Date Stamp CITY CLERK'S OFFICE RCVD SEP 17 24AM 10:17	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1473607		Report No. 45		
STREET ADDRESS [REDACTED]			☐ Amendment to Report No. _____ (explain below)		
CITY Ontario	STATE CA	ZIP CODE 91764	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
9/12/2024	Circle Green, INC Beneficial AG Services 8271 Chino Avenue Ontario, CA 91761	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____