497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER		Date of This Filing __10/14/2020__	Date Stamp	For Official Use Only
Sharma for City Council 2020			Received in the City Clerk's Office on October 14, 2020	

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
▮	1425886

Report No. __2020-9__

STREET ADDRESS

▮

☐ **Amendment to Report No.** _____
(explain below)

CITY	STATE	ZIP CODE
Laguna Niguel	CA	92677

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
10/14/2020	Assn of Orange County Deputy Sheriffs PAC 1600 N Main St Santa Ana, CA 92701 Committee ID # 782021	☐ 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: _____

_____

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov