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

					497 CC	INTRIBUTION REPORT
NAME OF FILER			Date of This Filing 09/19/2014		LOS ANGELES COUR FORM 497	
Morris for Ass						
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1357149	Report No. 091914JM		2014 SEP 19 AM 10: 03 FOT	Official Use Only
STREET ADDRESS			Amendment to Report No (explain below) No. of Pages2		CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY STATE ZIP CODE						
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2014	Herbert F Boeckma	nn II		IND ☐ COM ☐ OTH	Owner/CEO Galpin Motors Inc	1,500.00
				☐ PTY ☐ SCC		Provide interest rate
09/18/2014	Jane Boeckmann			IND COM OTH PTY SCC	Treasurer Galpin Motors Inc	1,500.00
09/18/2014	J. Thomas Chess				Dentist	Provide interest rate
				□ COM □ OTH □ PTY □ SCC	J.Thomas Chess, DDS	Check if Loan
Reason for Ame	ndment:				*Contributor Codes IND Individual COM Recipient Committee (otl OTH Other (e.g., business en PTY Political Party SCC Small Contributor Commit	tity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

497 CONTRIBUTION REPORT

NAME OF FILER					Dota Stamp	MINDURONNEPON	
		Date of This Filing	09/19/2014	Date Stamp LOS ARCELVI FORM CONFORDIGIOUSE Only			
Morris for Assessor 2014				03/13/2014	ANGE FOR		
AREA CODE/PHONE NUMBER (If applicable)		Report No. 093	1914JM	2014 SED . COURSE	Official Use Only		
1357149					19 AM 10.		
STREET ADDRESS			☐ Amendmen	ıt	CAMPAION TO US	3	
			to Report No.		2014 SEP 19 AM 10: 03 CAMPAIGN FINANCE DISCLOSURE SECTION		
СПҮ		STATE ZIP CODE	(explain below)	_	Tane selection		
			No. of Pages	2	•		
1. Contribution	(s) Received						
DATE RECEIVED	FULL NAME	STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/18/2014 F	rank A. Visco			X IND	Insurance & Developer Visco Financial Insurance	1,500.00	
				COM	Services		
				☐ OTH		Check if Loan	
				☐ PTY ☐ SCC		a	
						Provide interest rate	
				СОМ			
				☐ OTH		☐ Check if Loan	
			i	☐ PTY ☐ SCC		44	
						Provide interest rate	
				☐ IND			
				□ сом			
				OTH	,	☐ Check if Loan	
				☐ PTY ☐ SCC			
						Provide interest rate	
			•				
					*Contributor Codes		
				IND Individual COM Recipient Committee (other than PTY or SCC)			
					OTH - Other (e.g., business en		
Reason for Amendme	ent:				PTY - Political Party SCC - Small Contributor Commi	ttee	
					333 3333		

FPPC Form 497 (March/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

page ,