

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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A-EIR (2798) - 4 - LCO1
A-SRD

RECEIVED BY
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Date Stamp
2020 FEB -6 PM 4:39
CALIFORNIA FORM 496
Official Use Only
CAMPAIGN FINANCE
M19574

NAME OF FILER
Christopher Anthony Bucchere

AREA CODE/PHONE NUMBER
415/516-3941

I.D. NUMBER (if applicable)

STREET ADDRESS

CITY STATE ZIP CODE
Mill Valley CA 94941

Date of This Filing _____

Report No. _____

Amendment to Report No. _____ (explain below)

No. of Pages _____

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|--------------------|-------------------------------------|---|---|--------------|-------------------------------------|------------------------------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED George Gascón | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD District Attorney | DISTRICT NO. 34 | SUPPORT <input type="checkbox"/> | OPPOSE <input checked="" type="checkbox"/> | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|--------|----------------------------|--------|
| 2/4/20 | Facebook Advertising | 900 |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment _____

 mv

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CALIFORNIA FORM 496

I.D. NUMBER (if applicable)

NAME OF FILER

3. Contributions of \$100 or More 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 | INTEREST RATES |
|---------------|---|--|---|-----------------|---|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
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*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**** 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

2798-4-LC02

A-SRD

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| | | | |
|---|-----------------------------|---|--|
| NAME OF FILER Christopher Anthony Bucchere | | Date of This Filing 2/6/20 | RECEIVED BY Date Stamp LOS ANGELES 2020 FEB - 6 PM 4:39 CAMPAIGN FINANCE M19574 CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER 415/516-3941 | I.D. NUMBER (if applicable) | Report No. | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Mill Valley | STATE CA | ZIP CODE 94941 | |
| | | No. of Pages | |

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2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|---------|----------------------------|--------|
| 2/1/20 | Facebook advertising | 205.22 |
| 1/30/20 | Facebook advertising | 900 |
| 1/26/20 | Facebook advertising | 900 |
| 1/24/20 | Facebook advertising | 750 |

Reason for Amendment _____



MV

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NAME OF FILER

I.D. NUMBER (if applicable)

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FPPC Form 496 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov