

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 Gomez 4 Supervisor 2014		Date of This Filing 04/17/2014	Date Stamp 2014 APR 18 AM 9:25	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362600	Report No. 7		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 7 (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/16/2014	Sui Tac Li	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager BZ Plastic Corp.	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/16/2014	Bill Luong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sale V.K. Food	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/16/2014	Hui Wang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Edward International USA	1,000.00 <input type="checkbox"/> 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: Amending to add more contributions to this report