

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Brooke Laine City Council 2016		Date of This Filing 10/27/16	DATE STAMP CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 544-8241	I.D. NUMBER (if applicable) 1389093	Report No. 3	
STREET ADDRESS 3425 Warr Road		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY South Lake Tahoe	STATE CA	ZIP CODE 96150	
		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/27/16	CREPAC-C.A.R. 525 South Virgil Ave Los Angeles, CA 90020 ID #890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if loan _____% <small>Provide interest rate</small>

****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: _____