

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK

NAME OF FILER
 Cheylynda Barnard For Morneo Valley City Council 2022

AREA CODE/PHONE NUMBER
 [REDACTED]

I.D. NUMBER (if applicable)
 1436213

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 Moreno Valley CA 92551

Date of This Filing 9/12/2022

Report No. 22

Amendment to Report No. _____
 (explain below)

No. of Pages 1

Date Stamp: Y
 22 SEP 12 PH 3:51

CALIFORNIA FORM 497

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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
9/11/2022	David Starr Rabb [REDACTED] Perris, CA 92570	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1366336	1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

Reason for Amendment: _____

* 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