

# 497 Contribution Report

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

RECEIVED BY  
497 CONTRIBUTION REPORT

NAME OF FILER Gomez 4 Supervisor 2014		Date of This Filing 05/01/2014	Date Stamp 2014 MAY -2 AM 11:11 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362600	Report No. 14		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## 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
04/30/2014	Charles A. Araujo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director NBC Universal	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
04/30/2014	Diane Araujo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Harbor Lights	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
04/30/2014	David Cook	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer KC Homes LLC	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: \_\_\_\_\_

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CITY	STATE	ZIP CODE	No. of Pages 2	

## 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
04/30/2014	Mary Beth Lorenzini	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00  <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

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

2014-05-01 15:14