

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Southern California Coalition of Businesses and Taxpayers (SCCBT)		Date of This Filing 09/12/2016	Date Stamp 2016 SEP 12 PM 2:30	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714) 540-2295	I.D. NUMBER (if applicable) 1365006	Report No. 16-4		
STREET ADDRESS 1030 N Mountain Ave #434		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
CITY Ontario	STATE CA			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/12/2016	Lowrey for City Council 2016 (ID# 1385266) [REDACTED]	Lee Lowrey City Council Member: Newport Beach	1,000.00	11/08/2016

Reason for Amendment: _____