

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Davitt for Council 2022</b>			Date of This Filing <u>4/4/2022</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only	
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1446101</b>		Report No. _____	<div style="border: 1px solid blue; padding: 5px; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 5px;">APR 4 2022</div> <div style="font-size: small; margin-top: 5px;">CITY OF LA CAÑADA FLINTRIDGE CITY CLERK'S OFFICE</div>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY <b>La Canada</b>	STATE <b>CA</b>	ZIP CODE <b>91011</b>	No. of Pages <u>1</u>			

## 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
4/1/2022	Erika McConnell 4624 Lasheart Drive La Canada CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1000.00 <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

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