497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Karleskint for City Council 2016

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1387027

STREET ADDRESS:

CITY: Lincoln STATE: CA ZIP CODE: 95648

Date of This Filing: 9/23/16

Report No. 4

☐ Amendment to Report No. 1 (explain below)

No. of Pages 1

Date Stamp

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
9/23/16	Elizabeth Karleskint Lincoln, CA 95648	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	5000.00 ☒ Check if Loan 0.00 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: For operations and expenses

FPPC Form 497 (Jul/2016)
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www.fppc.ca.gov

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