497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Karleskint for City Council 2016		9/24/16		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387027	Report No. 5		
STREET ADDRESS 1		☐ Amendment to Report No. 1 (explain below)		
City: Lincoln	STATE CA / ZIP CODE 95648	No. of Pages 1		

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
9/24/16	Elizabeth Karleskint Lincoln, CA 95648	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,000.00 ☒ 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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