

497 Contribution Report

Ty print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dr. Hai Son Chen for City Council 2017	Date Stamp RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-693-0729	Date of This Filing 10/8/2017	
I.D. NUMBER (if applicable) CA # 1398630	Report No. 3	
STREET ADDRESS 265 Rensselaer Rd	<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY San Marino CA	No. of Pages 1	
STATE CA	2017 OCT -9 A 8:30	
ZIP CODE 91108	CITY OF SAN MARINO CITY CLERK'S OFFICE	

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
9/20/17	Andrew Wang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist	\$ 400. \$ 300. <input type="checkbox"/> Check if Loan Provide interest rate %
9/30/17	Chung-Hsueo Yu [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	financial Advisor	\$ 800. \$ 500. <input type="checkbox"/> Check if Loan Provide interest rate %
10/5/17	Diana Mei Chang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	\$ 1476.58 cc 546.25 cc 158. <input type="checkbox"/> Check if Loan Provide interest rate %
10/5/17	Hai son chen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist	
10/5/17	Hai son Chen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist	
10/8/17	Mao Son Young [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	

**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: _____