

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Gretchen Shepherd Romney

AREA CODE/PHONE NUMBER
696/282-3313

I.D. NUMBER (if applicable)
CA FPPC 1397421

STREET ADDRESS
1119 Lorain Road

CITY
San Marino

STATE
CA

ZIP CODE
91108

Date of This Filing
10/20/17

Report No. 4

Amendment to Report No. (explain below)

No. of Pages 3

Date Stamp

2017 OCT 20 A 11: 37

RECEIVED

CITY OF SAN MARINO
CITY CLERK'S OFFICE

CALIFORNIA FORM 497

For Official Use Only

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
9/25/17	Mrs. M. Cooper 995 Wembley Rd San Marino CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$100 <input type="checkbox"/> Check if Loan Provide interest rate %
9/25/17	Mr. & Mrs. J. Ramsey 775 Chelsea Rd San Marino CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	\$100 <input type="checkbox"/> Check if Loan Provide interest rate %
9/26/17	Mr. & Mrs. M. Malone 695 S. Madison Ave. Pasadena CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	\$250 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Gretchen Shepherd Romney

AREA CODE/PHONE NUMBER

626/282-3313

I.D. NUMBER (if applicable)

CA FPPC 1397421

STREET ADDRESS

1110 Loretto Road

CITY

San Marino

STATE

CA

ZIP CODE

91103

Date Stamp

Date of This Filing: 10/20/17

Report No.: 4

Amendment to Report No. (explain below):
No. of Pages: 3

CALIFORNIA FORM

497

For Official Use Only

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
9/28/17	Mrs. F. Sohl 57 Roanoke Rd San Marino, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed, realtor	\$200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
9/29/17	Mrs. H. Mar 1015 Las Flores San Marino, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	homemaker	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/18/17	Mrs. K. Chang 2275 Huntington Dr #226 San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney	\$200 <input type="checkbox"/> 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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Gretchen Shepherd Romey

AREA CODE/PHONE NUMBER
926/282-3313

I.D. NUMBER (if applicable)
CA FPPC 1397421

STREET ADDRESS
1119 Lorain Road

CITY
San Marino

STATE
CA

ZIP CODE
91108

Date of This Filing
10/20/17

Report No.
4

Amendment to Report No.
(explain below)

No. of Pages
3

Date Stamp

CALIFORNIA FORM 497
For Official Use Only

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
10/18/17	Mrs. I. Mutch 994 Roanoke San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed	\$250 <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