

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Gretchen Shepherd Romney

AREA CODE/PHONE NUMBER

[REDACTED]

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

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

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
10/19/17	Mrs. Boggs-Barger 1480 St Albans 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	\$1000 <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 _____%

Date of This Filing: 10/23/17

Report No.: 6

Amendment to Report No.: []

No. of Pages: 1

Date Stamp: 2011 OCT 23 P 3: 04

RECEIVED

CITY OF SAN MARINO CITY CLERK'S OFFICE

CALIFORNIA FORM 497

For Official Use Only

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