

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Scott Kwong</i>		Date of This Filing <i>12/28/17</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>626-200-7219</i>	I.D. NUMBER (if applicable) <i>FPPC#1590375</i>	Report No. <i>#2</i>	RECEIVED	
STREET ADDRESS <i>2345 Brentford Rd</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2017 DEC 28 P 2:27	
CITY <i>San Marino</i>	STATE <i>CA</i>	ZIP CODE <i>91108</i>	No. of Pages <i>2</i>	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
<i>10/7/17</i>	<i>Budget Rent-A-Car</i> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$250</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>10/3/17</i>	<i>Fong Ho</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Business Consultant</i> <i>FF Global Enterprise</i>	<i>\$100</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>10/3/17</i>	<i>Rosa Granados</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Zumba Teacher</i> <i>L.A. Fitness</i>	<i>\$200</i> <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: _____

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AREA CODE/PHONE NUMBER 626-200-7219	I.D. NUMBER (if applicable) FPPC #1396375	Report No. #2		
STREET ADDRESS 2345 Brentford Rd		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Marino	STATE CA	ZIP CODE 91108	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/2/17	Catherine Tse 	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/28/17	Prasert Wongchalermitan 	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150 <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

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