

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Rose Tryon for Paradise Town Council 2020		Date of This Filing 08/24/2020	Report No. 1	<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1	Date Stamp RECEIVED AUG 24 2020 TOWN CLERK'S DEPT	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 530-966-1006	I.D. NUMBER (if applicable) Pending						CALIFORNIA FORM 497
STREET ADDRESS						For Official Use Only	
CITY Paradise, CA 95969	STATE	ZIP CODE					

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
2020-08-06	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	800.00 <input checked="" type="checkbox"/> Check if Loan 0 % Provide Interest Rate
2020-08-22	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	2,000.00 <input checked="" type="checkbox"/> Check if Loan 0 % Provide Interest Rate

Reason for Amendment: _____

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* 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