497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER			
Friends of Carina Armenta for Mayor 2018			

Date of This Filing __10/01/2018__

RECEIVED Date Stamp
CITY OF SIMI VALLEY
2018 OCT -2 AM 9: 16
OFFICE OF CITY CLERK
BY

Report No. __497CR-13__

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
	1410643

☐ Amendment to Report No. _____
(explain below)

For Official Use Only

STREET ADDRESS			

No. of Pages __1__

CITY	STATE	ZIP CODE
Simi Valley	CA	93094

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
10/01/2018	Kevin Savage Beverly Hills, CA 90210	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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