

497 Contribution Report

NAME OF FILER Re-Elect Geoffrey Cobbett Treasurer 2022		Date of This Filing <u>06/02/2022</u>	Date Stamp RECEIVED BY COVINA CITY CLERK 22 JUN -2 PM 4:20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE / PHONE NUMBER [REDACTED]	I.D. Number (if applicable)	Report No. 20220601		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to RptNo. _____		
CITY Covina	STATE CA	ZIP CODE 91723	No. of Pages: 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, OCCUPATION & EMPLOYER or BUSINESS NAME IF COMMITTEE - ID NUMBER	AMOUNT RECEIVED
06/01/2022	309-BB LLC [REDACTED] Covina CA 91723	OTH		500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
06/01/2022	WLM - GP LLC [REDACTED] Covina CA 91723	OTH		500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
06/01/2022	WLM-CHR LLC [REDACTED] Covina CA 91723	OTH		500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
06/01/2022	WLM-DC3 LLC [REDACTED] Covina CA 91723	OTH		500.00 <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