497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of	0010510511	Date Stamp	CALIFORNIA AOT	
Quinto for Petaluma City Council 2014				This Filing09/05/2014		RECEIVE	FORM 454
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)			101		For Official Use Only
		1366669		Report No.		SEP 08 2014	
STREET ADDRESS				Amendment to Report No(explain below)		CITY CLERK	
CITY	STATE ZIP CODE						
Petaluma	CA 94954			No. of Pages	· · · · · · · · · · · · · · · · · · ·		
1. Contribution(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF B	LOYER AMOUNT RECEIVED
09/05/2014	Ken Quinto Petaluma, CA 94	1954			IND COM OTH PTY SCC	Claims Automation and Procedures Technician State Farm Insurance	600.00 ⊠ Check if Loan%
				A A A A A A A A A A A A A A A A A A A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Provide interest rate 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 Comr OTH – Other (e.g., bus PTY – Political Party SCC – Small Contribut	