

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Lynn Wheat for Elk Grove City Council 2020, David P. Lindsay Treasurer		Date of This Filing 8/17/20	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only CITY CLERK'S OFFICE AUG 17 2020 AM 11:59
AREA CODE/PHONE NUMBER 916-430-4487	I.D. NUMBER (if applicable) #1425186	Report No. 2	
STREET ADDRESS 8698 Elk Grove Blvd, Ste 1-109		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Elk Grove	STATE Ca	ZIP CODE 95624	No. of Pages 3

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
5/19/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$29.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
6/25/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$29.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
8/17/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$776.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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

Clear Page

Print

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Lynn Wheat for Elk Grove City Council 2020, David P. Lindsay Treasurer		Date of This Filing 8/17/20	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE AUG 17 2020 AM 11:59
AREA CODE/PHONE NUMBER 916-430-4487	I.D. NUMBER (if applicable) #1425186	Report No. 2		
STREET ADDRESS 8698 Elk Grove Blvd, Ste 1-109		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Elk Grove	STATE Ca	ZIP CODE 95624	No. of Pages 3	

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
2/24/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$2.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/19/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$29.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/19/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$29.00 <input type="checkbox"/> 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

Clear Page

Print

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Lynn Wheat for Elk Grove City Council 2020, David P. Lindsay Treasurer		Date of This Filing 8/17/20	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE AUG 17 2020 AM 11:59
AREA CODE/PHONE NUMBER 916-430-4487	I.D. NUMBER (if applicable) #1425186	Report No. 2		
STREET ADDRESS 8698 Elk Grove Blvd, Ste 1-109		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Elk Grove	STATE Ca	ZIP CODE 95624	No. of Pages 3	

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
2/7/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$185.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
2/19/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$58.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
2/19/20	Lynn Wheat ██████████ Elk Grove, Ca 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Substitute School Nurse Twin Rivers Unified School District	\$29.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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

Clear Page

Print