

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/07/2020	Date Stamp FILED THIS DATE IN THE OF THE CITY CLERK OF T OF CHINO AUG 07 2020 City Clerk, <i>OR</i> Deputy City Clerk, _____	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 1		
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA		ZIP CODE 91710	No. of Pages 1

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
08/06/2020	MNM Construction [REDACTED] Chino, CA 91710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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

497 Contribution Report

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/18/2020	Date Stamp	CALIFORNIA FORM 497 FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO AUG 18 2020 City Clerk, <i>[Signature]</i> Deputy City Clerk,
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 2	or Official Use Only	
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1	

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
08/17/2020	Majestic Realty Co. [REDACTED] City of Industry, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/18/2020	Date Stamp AUG 18 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 3	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, <i>AK</i> Deputy City Clerk	
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1	

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
08/18/2020	John Hawkinson [REDACTED] Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carson Estate Trust	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/19/2020	FILED THIS DATE IN THE CALIFORNIA FORM 497 OF THE CITY CLERK OF CHINO AUG 19 2020 City Clerk, _____ Deputy City Clerk, <u>S.M.</u>
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 4	
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1

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
08/18/2020	Janice Davis [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner At Temp Motorsports	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/21/2020	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO AUG 21 2020 <i>aw</i> City Clerk, Deputy City Clerk,	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 5		
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710		
		No. of Pages 1		

1. Contribution(s) Received

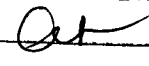
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/21/2020	Aguiar for Assessor 2022 [REDACTED] Irvine, CA 92618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/24/2020	Date Stamp FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO AUG 24 2020 City Clerk,  Deputy City Clerk, _____	CALIFORNIA FORM 497 Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 5A		
STREET ADDRESS 4170 Biscayne Street		<input checked="" type="checkbox"/> Amendment to Report No. 5 (explain below) No. of Pages 1		
CITY Chino	STATE CA	ZIP CODE 91710		

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
08/21/2020	Aguiar for Assessor 2022 [REDACTED] Irvine, CA 92618 ID # 1361388	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 08/27/2020	Date Stamp AUG 27 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 6	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, _____ Deputy City Clerk, _____	
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1	

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
08/26/2020	Michael & Jeanette Bidart [REDACTED] Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Shernoff, Bidart, Echeverria	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 09/02/2020	Date Stamp FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO SEP 02 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 7		
STREET ADDRESS 4170 Biscayne Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710	City Clerk, <i>S.M.</i>	
		No. of Pages 1	Deputy City Clerk,	

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
09/01/2020	Chino Valley Professional Firefighters PAC [REDACTED] Chino Hills, CA 9709 ID # 902370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020		Date of This Filing 09/11/2020	Date Stamp FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO SEP 11 2020 <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884	Report No. 8	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS 4170 Biscayne Street		No. of Pages 1		
CITY Chino	STATE CA	ZIP CODE 91710		

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
09/11/2020	Watson Land Company [REDACTED] Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: _____

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497 Contribution Report

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NAME OF FILER Karen Comstock for Chino City Council, District 4, 2020			Date of This Filing 10/30/2020	Date Stamp NOV 02 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-481-2144	I.D. NUMBER (if applicable) 1425884		Report No. 9	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 4208 Denali Ln.			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, <i>[Signature]</i> Deputy City Clerk,	
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1		

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
10/30/2020	Chino Officers For Political Stability [REDACTED] Chino, CA 91710 #951707	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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