

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER Paul A. Rodriguez		Date of This Filing 8.10.20	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF CHINO</b>  AUG 11 2020 City Clerk, <i>af</i> Deputy City Clerk,	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. _____		
STREET ADDRESS 5031 Independence Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710-1886	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
8.10.20	Ed Horovitz [REDACTED] Newport CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer/Owner	\$2500  <input type="checkbox"/> Check if Loan _____% Provide interest rate
8.10.20	BIA of Southern California PAC All Purpose #741733 C/O Reed & Davidson LLP, [REDACTED] Los Angeles 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1500  <input type="checkbox"/> Check if Loan _____% Provide interest rate
8.10.20	Inland Empire Taxpayers Association [REDACTED] Riverside CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3200  <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

Amounts may be rounded to whole dollars.

NAME OF FILER Paul A. Rodriguez		Date of This Filing 8.21.20	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE COUNTY OF CHINO</b>  Date Stamp <b>AUG 21 2020</b> <i>cur</i> City Clerk, _____ Deputy City Clerk, _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 2		
STREET ADDRESS 5031 Independence 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
8.21.20	Michael J. 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	Attorney/Self	\$1500.00  <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

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Paul A. Rodriguez</b>		Date of This Filing <u>08/31/2020</u>	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	Date Stamp <b>AUG 31 2020</b> <i>AK</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>9095192777</b>	I.D. NUMBER (if applicable) <b>1400072</b>				
STREET ADDRESS <b>5031 Independence Street</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, _____	Deputy City Clerk, _____	
CITY <b>Chino</b>	STATE <b>CA</b>				

## 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
08/31/2020	Chino Valley Professional Firefighters [REDACTED] PAC #902370 Chino Hills CA 91710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>5000.00</b> <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

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Paul A. Rodriguez		<b>Date of This Filing</b> 09/03/2020	Date Stamp <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF CHINO</b>  SEP 03 2020  City Clerk, _____ Deputy City Clerk, _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 9095192777	<b>I.D. NUMBER (if applicable)</b> 1400072	<b>Report No.</b> 4		
<b>STREET ADDRESS</b> 5031 Independence Street		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chino	<b>STATE</b> CA	<b>ZIP CODE</b> 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
09/03/2020	Lewis Investment Company, LLC [REDACTED] Upland CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/03/2020	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		2500.00  <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

Reason for Amendment: \_\_\_\_\_

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# 497 Contribution Report

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NAME OF FILER <b>Paul A. Rodriguez</b>		Date of This Filing <b>09/03/2020</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <b>9095192777</b>	I.D. NUMBER (if applicable) <b>1400072</b>	Report No. <b>5</b>	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  <b>SEP 10 2020</b>  City Clerk, <i>[Signature]</i>	
STREET ADDRESS <b>5031 Independence Street</b>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>	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
09/10/2020	<b>Watson Land Company</b> <div style="background-color: black; width: 150px; height: 15px; margin: 2px 0;"></div> <b>Carson CA 90745</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>2500.00</b> <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>

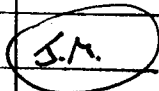
Reason for Amendment: \_\_\_\_\_

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# 497 Contribution Report

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NAME OF FILER <b>Paul A. Rodriguez</b>		Date of This Filing <u>09/03/2020</u>	<b>FILED THIS DATE IN THE OFFICE</b> <small>Date Stamp</small> <b>OF THE CITY CLERK</b> <b>OF CHINO</b>  <b>SEP 21 2020</b>  City Clerk, _____ Deputy City Clerk, _____	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>  
AREA CODE/PHONE NUMBER <b>9095192777</b>	I.D. NUMBER (if applicable) <b>1400072</b>	Report No. <u>6</u>		
STREET ADDRESS <b>5031 Independence Street</b>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>		
		No. of Pages <u>1</u>		

## 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
09/19/2020	IE BizPAC [REDACTED] Irvine CA 92618 ID # 1350854	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <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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<b>NAME OF FILER</b> Paul A. Rodriguez		<b>Date of This Filing</b> 09/03/2020	Date Stamp <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF CHINO</b>  OCT 08 2020 City Clerk, <i>[Signature]</i>  Deputy City Clerk	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 9095192777	<b>I.D. NUMBER (if applicable)</b> 1400072	<b>Report No.</b> 7		
<b>STREET ADDRESS</b> 5031 Independence Street		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chino	<b>STATE</b> CA	<b>ZIP CODE</b> 91710	<b>No. of Pages</b> 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
10.08.2020	Southwest Regional Council of Carpenters #870169 [REDACTED] Los Angeles CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00  <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 Paul A. Rodriguez		Date of This Filing 10.08.2020	Date Stamp OCT 09 2020	<b>CALIFORNIA FORM 497</b> FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 7		
STREET ADDRESS 5031 Independence Street		<input checked="" type="checkbox"/> Amendment to Report No. 7 (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
10.08.2020	Southwest Regional Council of Carpenters #870169 [REDACTED] Los Angeles CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500  <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: Wrong filing Date for #7

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# 497 Contribution Report

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NAME OF FILER <b>Paul A. Rodriguez</b>		Date of This Filing <b>10/09/2020</b>	Date Stamp <b>OCT 09 2020</b> <i>[Signature]</i> City Clerk,	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <b>9095192777</b>	I.D. NUMBER (if applicable) <b>1400072</b>	Report No. <b>8</b>		
STREET ADDRESS <b>5031 Independence Street</b>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>	No. of Pages <b>1</b>	

## 1. Contribution(s) Received

Deputy City Clerk, \_\_\_\_\_

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
10.09.2020	IE Raxpayers Association [REDACTED] Riverside CA 92601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00 <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 Paul A. Rodriguez		Date of This Filing 10.10.2020	Date Stamp <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF CHINO</b>  <b>OCT 12 2020</b>  City Clerk, _____ Deputy City Clerk, _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 9		
STREET ADDRESS 5031 Independence 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
10.10.2020	UNACPAC965 ID#1295768 [REDACTED] Long Beach CA 90802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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>

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NAME OF FILER Paul A. Rodriguez		Date of This Filing 10.13.2020	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  Date Stamp <b>OCT 13 2020</b> 	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 10		
STREET ADDRESS 5031 Independence 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
10.13.2020	C.O.P.S. Chino Officers for Political Stability ID# 951707 <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000  <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>

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Reason for Amendment: \_\_\_\_\_

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NAME OF FILER <b>Paul A. Rodriguez</b>			Date of This Filing 1022.2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072		Report No. 11	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  OCT 22 2020 <i>[Signature]</i>	
STREET ADDRESS 5031 Independence 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
10.22.2020	NAIOP IE PAC ID: #1301978 [REDACTED] Laguana Hills CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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 Paul A. Rodriguez		Date of This Filing 10.28.20	Date Stamp OCT 28 2020	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 12	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 5031 Independence Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, <i>[Signature]</i> Deputy City Clerk	
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
10.28.2020	Waste Management & Affiliated Entities [REDACTED] Sun Valley CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10.28.2020	Lewis Pacific Partners [REDACTED] Upland CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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

Amounts may be rounded to whole dollars.

NAME OF FILER Paul A. Rodriguez		Date of This Filing 10.30.20	Date Stamp <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  OCT 30 2020 <i>at</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9095192777	I.D. NUMBER (if applicable) 1400072	Report No. 13	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS 5031 Independence 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
10.30.2020	NAIOP IE PAC ID:#1301978 [REDACTED] Irvine CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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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