

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Randy Warren		Date of This Filing 8/30/2013	Date Stamp RECEIVED CALIFORNIA FORM 497 For Official Use Only SEP 03 2013 Time: City Clerk's Office City of San Rafael
AREA CODE/PHONE NUMBER 415 225 3258	I.D. NUMBER (if applicable) pending	Report No. 1	
STREET ADDRESS PO Box 6285		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY San Rafael	STATE CA	ZIP CODE 94903	
		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
8/14/13	Randy Warren 63 El Pavo Real Circle San Rafael CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Warren Law Group	1,000 <input checked="" type="checkbox"/> Check if Loan N/A % Provide interest rate
8/30/13	Melissa Bradley [REDACTED] San Rafael CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Bradley Real Estate	2,000 <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

**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

Reason for Amendment: _____