497 Contribution Report

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

NAME OF FILER			1		497 CO	NTRIBUTION REPOR
Chuck Rathbone AREA CODE/PHONE NUMBER	For City Council 2014 I.D. NUMBER (if applicable)	Date of This Filing _	10 6 14 61	Date Stamp TY OF DAMA POINT	CALIFO FOR	ORNIA 497
STREET ADDRESS	1368724	Report No	2 20	10CT-6 A 9:56	For	Official Use Only
1. Contribution(s) Rece	STATE ZIP CODE	Amendme to Report No. (explain below) No. of Pages	CITY	RECEIVED CLERK'S DEPARTMENT		2
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTE	OR .	CONTRIBUTOR	IF AN INDIVIDUAL,		
- TEOLIVED	(II COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF B	LOYER BUSINESS)	AMOUNT RECEIVED
10/4/14	Charles E. Rathbone JR		IND COM OTH PTY SCC	Retired		€ 2,000. Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			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 Commit OTH – Other (e.g., busine PTY – Political Party SCC – Small Contributor	ess entity)	

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)