

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Barbara Nicolls</i>		Date of This Filing <i>10/29/18</i>	Date Stamp City of Grover Beach OCT 30 2018 RECEIVED	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER [REDACTED]	ID NUMBER (if applicable) <i>Not yet received</i>	Report No. <i>2</i>		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. <i>497 BN</i> <small>(explain below)</small>		
CITY <i>Grover Beach</i>	STATE <i>CA</i>	ZIP CODE <i>93433</i>	No. of Pages <i>1 BN</i>	

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
<i>10/28/18</i>	<i>Teresa Szymczak</i> [REDACTED] <i>Rolling Hills Estates, CA</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>owner, Preservation Partners</i>	<i>\$1,000</i> <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: *unexpected donation putting me over \$2,000*

****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