497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bhavin Jindal		Date of This Filing 2/19/2020	Date Stamp	CALIFORNIA FORM **497**
AREA CODE/PHONE NUMBER 9095835906	I.D. NUMBER *(if applicable)*	Report No. 1.3	RECEIVED	For Official Use Only
STREET ADDRESS 10750 Coloma st		☐ Amendment to Report No. _____	FEB 2 0 2020	
CITY Loma Linda	STATE CA ZIP CODE 92354	(explain below) No. of Pages ____1____	City of Loma Linda Administration	

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
2/19/2020	Bhavin Jindal, 10750 Coloma st 92354	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed:OSDEN Manager: Amazon.com	5000 ☒ Check if Loan 0 _____% 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 Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 497 (Feb/2019)
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