

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Eunice Ulloa		Date of This Filing 9/3/2020	<b>FILED THIS DATE IN THE CALIFORNIA FORM 497</b> <b>OF THE CITY CLERK OF CHINO</b>  <b>SEP 02 2020</b>  City Clerk, <u>S.M.</u> Deputy City Clerk, _____
AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 01	
STREET ADDRESS 11636 Vernon Avenue		<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
09/02/2020	Chino Valley Professional Firefighters PAC ID #902370 [REDACTED] Chino Hills, CA 91710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00  <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: \_\_\_\_\_

\* 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

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NAME OF FILER Eunice Ulloa		Date of This Filing 09/11/2020	Date Stamp <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  SEP 11 2020 <i>aw</i>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 02		
STREET ADDRESS 11636 Vernon Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1	City Clerk,  Deputy City Clerk.

## 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
09/10/2020	Watson Land Company [REDACTED] Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00  <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 Eunice Ulloa		Date of This Filing 10/4/2020	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  OCT 04 2020 <i>[Signature]</i> City Clerk, Deputy City Clerk,	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 03		
STREET ADDRESS 11636 Vernon Avenue		<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
10/3/2020	Viramontes Express, Inc. [REDACTED] Corona, CA 92880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500  <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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NAME OF FILER Eunice Ulloa		Date of This Filing 10/11/2020	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  <b>OCT 12 2020</b> City Clerk,
AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 04	
STREET ADDRESS 11636 Vernon Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Chino	STATE CA	ZIP CODE 91710	
		No. of Pages 1	Deputy City Clerk, _____

## 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
10/10/2020	Paul Hofer [REDACTED] Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Hofer Ranch 11248 S. Turner Avenue Ontario, CA 91761	\$2,000.00  <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

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NAME OF FILER Eunice Ulloa		Date of This Filing 10/13/2020	Date Stamp OCT 13 2020	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 05	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 11636 Vernon Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, _____ Deputy City Clerk, _____	
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
10/13/2020	C.O.P.S. FPPC #951707 Chino Officers For Political Stability [REDACTED] Chino, CA 91710-4127	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00  <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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NAME OF FILER <b>Eunice Ulloa</b>		Date of This Filing <b>10/13/2020</b>	Date Stamp <b>OCT 13 2020</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>909-627-4957</b>	I.D. NUMBER (if applicable) <b>1387965</b>	Report No. <b>06</b>	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>	
STREET ADDRESS <b>11636 Vernon Avenue</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, _____ Deputy City Clerk, _____	
CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>	No. of Pages <b>1</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
10/13/2020	Mary Borba Parente [REDACTED] Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Masa Tech Accounts	\$1,000  <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
		<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

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AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 07	<b>FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO</b>  OCT 17 2020 <i>[Signature]</i> City Clerk, Deputy City Clerk,	
STREET ADDRESS 11636 Vernon Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710	No. of Pages 1	

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10/16/2020	OF Wolfinbarger, Inc. [REDACTED] Chino, CA 91710-1916	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500  <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
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AREA CODE/PHONE NUMBER 909-627-4957	I.D. NUMBER (if applicable) 1387965	Report No. 08		
STREET ADDRESS 11636 Vernon Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chino	STATE CA	ZIP CODE 91710		
		No. of Pages 1		

## 1. Contribution(s) Received

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10/17/2020	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 Shernoff, Bidart, Echeverria LLP	\$1,500  <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

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 \_\_\_\_\_