

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Flores For Council 2020		Date of This Filing 09/01/2020	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO SEP 01 2020 <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-399-1596	I.D. NUMBER (if applicable) 1426661	Report No. 2020001		
STREET ADDRESS 13032 7th Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk, _____	
CITY Chino	STATE CA	ZIP CODE 91710	Deputy City Clerk, _____	
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
08/31/2020	Chris Flores [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor No Business Name	\$1,200.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % <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

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NAME OF FILER Flores For Council 2020		Date of This Filing 09/15/2020	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO SEP 15 2020 <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-399-1596	I.D. NUMBER (if applicable) 1426661	Report No. _____		
STREET ADDRESS 13032 7th Street		<input checked="" type="checkbox"/> Amendment to Report No. 2020001 <small>(explain below)</small>	City Clerk, _____	
CITY Chino	STATE CA	ZIP CODE 91710	Deputy City Clerk, _____	
		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
08/31/2020	Chris Flores [Redacted] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor No Business Name	\$1,200.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % <small>Provide interest rate</small>
07/14/2020	Chris Flores [Redacted] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor No Business Name	\$250.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % <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: To include original dollar amount to open the campaign account

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NAME OF FILER
Flores For Council 2020

AREA CODE/PHONE NUMBER
323-399-1596

I.D. NUMBER (if applicable)
1426661

STREET ADDRESS
13032 7th Street

CITY STATE ZIP CODE
Chino CA 91710

Date of This Filing 09/23/2020

Report No. 2020002

Amendment to Report No. _____
(explain below)

No. of Pages 1

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY OF CHINO

Date Stamp
SEP 23 2020

CITY CLERK, *[Signature]*

DEPUTY CITY CLERK, _____

CALIFORNIA FORM 497
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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
09/21/2020	Chris Flores [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor No Business Name	\$800.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % Provide interest rate
09/22/2020	Chris Flores [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor No Business Name	\$800.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % 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 Flores For Council 2020		Date of This Filing 10/05/2020	Date Stamp OCT 05 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-399-1596	I.D. NUMBER (if applicable) 1426661	Report No. 2020003	FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO	
STREET ADDRESS 13032 7th Street		<input type="checkbox"/> Amendment to Report No. (explain below)	City Clerk, <i>[Signature]</i> 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 <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
10/04/2020	Viramontes Express, Inc. [REDACTED] Corona, CA 92890	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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: _____

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