

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER John Inks for council 2018			Date of This Filing <u>11/27/2018</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 11/29/2018 13:13:39 Filing ID: 174945322 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (650)686-1100	I.D. NUMBER (if applicable) 1407814	Report No. <u>8</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS _____ _____			No. of Pages <u>1</u>		
CITY Mountain View	STATE CA	ZIP CODE 94040			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
11/27/2018	Libertarian Party of Santa Clara County (ID# 1266953) Sunnyvale, CA 94088		5,440.62	11/06/2018

Reason for Amendment: _____
