

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elbaz for Clovis Council 2021		Date of This Filing 02/04/2021	Date Stamp  <b>Received</b>  <b>FEB 04 2021</b>  <b>ADMN/CITYMGR</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 559-545-5679	I.D. NUMBER (if applicable) 1435091	Report No. 3		
STREET ADDRESS 1661 N Magnolia Ave		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Clovis	STATE CA	ZIP CODE 93619		

## 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
02/04/2021	Leadership for Educational Equity California General Purpose Committee ID#1346788 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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: \_\_\_\_\_

\* 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