

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Safe and Strong Bonsall Schools - Yes on EE			Date of This Filing <u>10/27/2018</u>	Date Stamp <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> Filed Date: 10/27/2018 12:09 PM </div>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1407417		Report No. <u>5</u>	For Official Use Only	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Bonsall	STATE CA	ZIP CODE 92003	No. of Page <u>3</u>		

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
10/27/2018	LHR Investment Company LLC [REDACTED] San Diego CA 92130	<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 checked="" type="checkbox"/> Check if Loan _____ 1.00 % <small>Provide interest rate</small>
10/27/2018	LHR Investment Company LLC [REDACTED] San Diego CA 92130	<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 _____ % <small>Provide interest rate</small>
10/27/2018	Pardee Homes [REDACTED] Pasadena CA 91105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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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CITY Bonsall	STATE CA	ZIP CODE 92003			

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
10/27/2018	Steve G. Rahimi [REDACTED] La Habra CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist Self	2,500.00 <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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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____