

497 Contribution Report

Amounts may be rounded to whole dollars.

RCVD PLAND CITY CLERK
10/26/2020 AM 7:46

NAME OF FILER Upland Residents For Measure Q, Sponsored By San Antonio Regional Hospital		Date of This Filing 10/23/2020	DATE STAMP 10/26/2020 AM 7:46	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431116	Report No. 2020002		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Grand Terrace	STATE CA	ZIP CODE 92313	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
10/23/2020	San Antonio Regional Hospital 990 San Bernardino Road Upland, CA 91786-4920	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 43,000.00 <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