

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Becki Gomez for City Council 2020		<b>Date of This Filing</b> 08/05/2020	Date Stamp 	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> PENDING	<b>Report No.</b> BG-01		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> 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
08/06/2020	Rebecca Gomez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor, NOCCCD	\$3000  <input checked="" 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

**\*\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
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 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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NAME OF FILER Becki Gomez for City Council 2020		Date of This Filing <u>09/08/2020</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1429498	Report No. <u>BG-02</u>	<b>RECEIVED</b> City Clerk's Office <span style="border: 1px solid blue; padding: 2px;">September 8, 2020</span>	
STREET ADDRESS 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Fullerton	STATE CA	ZIP CODE 92835	No. of Pages <u>1</u>	

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09/08/2020	Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund FPPC ID: 1282464 801 East Katella Ave. Anaheim, CA 92805	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000  <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>

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# 497 Contribution Report

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<b>NAME OF FILER</b> Becki Gomez for City Council 2020		<b>Date of This Filing</b> 09/21/2020	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1429498	<b>Report No.</b> BG-03	RECEIVED City Clerk's Office September 21, 2020	
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> 1	

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09/18/2020	Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund FPPC ID: 1282464 801 East Katella Ave. Anaheim, CA 92805	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/18/2020	Orange County Professional Firefighter Assoc. FPPC: 950925 1342 Bell Avenue, Suite 3A Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/18/2020	Women in Leadership FEC: C00283432 25392 Coach Springs Lane Laguna Hills, CA 92653	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1429498	<b>Report No.</b> BG-03		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
CITY Fullerton	STATE CA	ZIP CODE 92835	<b>No. of Pages</b> 2	

## 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
09/18/2020	U.A. Plumbers & Steamfitters Local Union No. 582 FPPC ID: 890440 1916 W. Chapman Ave. Orange, CA 92868	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500  <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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<b>NAME OF FILER</b> Becki Gomez for City Council 2020		<b>Date of This Filing</b> <u>09/22/2020</u>	Date Stamp  <div style="text-align: center; color: blue; font-weight: bold;">                     RECEIVED                      City Clerk's Office                       September 22, 2020                 </div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                         CALIFORNIA FORM 497                     </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1429498	<b>Report No.</b> <u>BG-04</u>		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> <u>1</u>	

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09/22/2020	WOMEN FOR AMERICAN VALUES AND ETHICS FPPC ID: 1411182 2525 Ocean Blvd Suite #A-2 Newport Beach, CA 92625	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900  <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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<b>NAME OF FILER</b> Becki Gomez for City Council 2020		<b>Date of This Filing</b> <u>09/25/2020</u>	Date Stamp  <div style="text-align: center; color: blue; font-weight: bold;">                     RECEIVED                      City Clerk's Office                      September 25, 2020                 </div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                         CALIFORNIA FORM 497                     </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> <div style="background-color: black; width: 100%; height: 15px;"></div>	<b>I.D. NUMBER (if applicable)</b> 1429498	<b>Report No.</b> <u>BG-05</u>		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> <u>1</u>	

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09/25/2020	EDU-KID, INC. <div style="background-color: black; width: 100%; height: 30px;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000  <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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<b>AREA CODE/PHONE NUMBER</b> <div style="background-color: black; width: 100%; height: 20px;"></div>	<b>I.D. NUMBER (if applicable)</b> 1429498	<b>Report No.</b> <u>BG-06</u>		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> <u>1</u>	

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10/09/2020	Planned Parenthood for Orange and San Bernardino Counties' FPPC ID: 1282464 555 Capitol Mall Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750  <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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<b>AREA CODE/PHONE NUMBER</b> <div style="background-color: black; width: 100px; height: 15px;"></div>	<b>I.D. NUMBER (if applicable)</b> 1429498	<b>Report No.</b> <u>BG-07</u>		
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Suite 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835	<b>No. of Pages</b> <u>1</u>	

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10/13/2020	Laborers International Union of America Local 652 FPPC ID:1251912 1532 E. Chestnut Ave. Santa Ana, CA 92701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000  <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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