

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Upland Residents For Measure Q, Sponsored By San Antonio Regional Hospital			Date of This Filing <u>10/08/2020</u>	Date Stamp OCT 8 2020 PM 5:05 FPPC CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 909-496-1210	I.D. NUMBER (if applicable) 143116		Report No. _____		
STREET ADDRESS 22365 Barton Road Suite 207			<input checked="" type="checkbox"/> Amendment to Report No. <u>2020001</u> (explain below)		
CITY Grand Terrace	STATE CA	ZIP CODE 92313	No. of Pages <u>1</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
10/08/2020	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		\$ 52,000.00 <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: To Include Organization name and address information

* 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