

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECORDED & INDEXED  
 COUNTY CLERK  
 10/08/2020 PM 05:05

NAME OF FILER <b>Upland Residents For Measure Q, Sponsored By San Antonio Regional Hospital</b>		Date of This Filing 10/08/2020	<b>CALIFORNIA FORM 497</b>	
AREA CODE/PHONE NUMBER 909-496-1210	I.D. NUMBER (if applicable) 143116	Report No. 2020001		For Official Use Only
STREET ADDRESS 22365 Barton Road Suite 207		<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
10/08/2020		<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

**\* 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

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