497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Committee to Elect Jim Eakin to City Council 2024		9/25/2024	RECEIVED CITY CLERK'S OFFICE SEP 25 2024 CITY OF BIG BEAR LAKE	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) [redacted]	Report No. 1		
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY: Big Bear Lake	STATE: CA ZIP CODE: 92315	No. of Pages 1		

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
9/23/2024	Jim Eakin [redacted] Big Bear Lake, CA 92315	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500 ☑ Check if Loan 0 % Provide interest rate
9/25/2024	Jim Eakin [redacted] Big Bear Lake, CA 92315	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	852 ☑ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____