Reason for Amendment:

2020-02-13 17:00

PCD 2134526575

>> 5626512548

For Official Use Only

**AMOUNT** RECEIVED

\$1,000.00 Check if Loan

Provide interest rate

| 497 Contribution  | RECEIVED BY ay be rounded to whole dollars. LOS ANGELES COUNTY                               |             |                       |              |                           |  |   |       |             |
|---|--|-------------|-----------------------|--------------|---------------------------|--|---|-------|-------------|
| NAME OF FILER<br>Committee for Strong<br>Measure Committee  | Date of  |             |                       | te Stamp     |                           | CALIFORNIA<br>FORM   |   |       |             |
| AREA CODE/PHONE NUMBER         L.D. NUMBER (if applicable)           (213) 452-6565         1399573 |  |             |                       | Report No.   | 02132020A                 | l<br>ROPOSIT.10  | N B UNIT  | ₹     |             |
| STREET ADDRESS  | To Report No. (explain below)  |             |                       |              |                           |  |   |       |             |
| CITY<br>Los Angeles   |  | STATE<br>CA | <b>ZIP GODE</b> 90017 | No. of Pages | 1                         |  |   |       | 11          |
| 1. Contributio  | ns Received  |             |                       |              | 77                        |  |   |       |             |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) |             |                       |              | CONTRIBUTOR<br>CODE *     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) |   |       | A<br>RE     |
| 02/12/2020  | Gary W. Dwig   |             |                       |              | ☑ IND □COM □OTH □PTY □SCC | Owner<br>Cross Ame   | rica Fina   | ncial | \$1,        |
|   |  |             |                       |              |                           |  |   |       |             |
|   | al.  | 3           |                       |              |                           |  |   |       |             |
| 3   |  |             |                       |              |                           |  |   |       |             |
|   |  | v           |                       |              |                           |  |   |       |             |
|   | * <u>-</u>   |             |                       |              |                           |  | *Contributor Code:<br>IND - Individual<br>COM - Recipient C |       | or than PT' |

other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 497 (Jul/2016) FPPC Advice; advice@fppc.ca.gov (886/275-3772)
www.fppc.ca.gov