497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER John "Jason" LaChance	Date of This Filing 12/5/23
AREA CODE/PHONE NUMBER 530/350-0061	I.D. NUMBER (if applicable) 1464392
STREET ADDRESS	Report No. 1
CITY Truckee	STATE CA ZIP CODE 96161

Date Stamp

FILED
SIERRA COUNTY CLERK

DEC 05 2023

HEATHER FOSTER

BY: _____ DEPUTY

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

CALIFORNIA FORM 497

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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
12/5/2023	John Robert Taylor	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired - Previously Self-Employed	4,999.00 ☐ Check if Loan _____% Provide interest rate
12/5/2023	Donna C. Taylor	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	4,999.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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