

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER YES ON MEASURES A & B COMMITTEE		Date of This Filing <u>12/20/2023</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only FILED SIERRA COUNTY CLERK DEC 21 2023 HEATHER FOSTER DEPUTY
AREA CODE/PHONE NUMBER 530-289-3654	I.D. NUMBER (if applicable)	Report No. <u>1</u>		
STREET ADDRESS P.O. BOX 564		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY DOWNIEVILLE	STATE CA	ZIP CODE 95936	No. of Pages <u>1 of 6</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
12/20/2023	SIERRA FRONTIER MEDICAL RESOURCES, INC P.O. BOX 393 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$600.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	INGRID LARSON P.O. BOX 564 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: LAW OFFICES OF C. INGRID LARSON	\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	FRANK J. LANG & ELIZABETH J. LANG P.O. BOX 423 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <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: _____

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STREET ADDRESS P.O. BOX 564		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY DOWNIEVILLE	STATE CA	ZIP CODE 95936	No. of Pages 2 of 6	

1. Contribution(s) Received

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12/20/2023	GREG & CONNIE JOHNSON P.O. BOX 291 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	LEE ADAMS P.O. BOX 1 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	SARAH WEST-KUBLEY P.O. BOX 453 SIERRA CITY, CA 96125	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DVM	\$250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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CITY DOWNIEVILLE	STATE CA	ZIP CODE 95936	No. of Pages <u>3 of 6</u>	

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12/20/2023	MICHAEL & KAREN GALAN P.O. BOX 36 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/20/2023	ANN BERARDI & RODNEY PRINCE GOODYEARS BAR, CA 959	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$50.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/20/2023	RICHARD & MARY NOURSE P.O. BOX 350 SIERRA CITY, CA 96125	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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1. Contribution(s) Received

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12/20/2023	SUSAN HOPKINS NEVADA CITY, CA 95959	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	JAMES S. WHITEHEAD MILLBRAE, CA 94030-224	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MD	\$300.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	WILLIAM & SHERYL PANGMAN P.O. BOX 279 MEADOW VISTS, CA 95722	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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12/20/2023	EARLENE FOLSOM P.O. BOX 243 DOWNIEVILLE, CA 95936	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/20/2023		<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 _____% <small>Provide interest rate</small>
12/20/2023		<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 _____% <small>Provide interest rate</small>

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CITY DOWNEVILLE	STATE CA	ZIP CODE 95936	No. of Pages <u>6 of 6</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	NONE			

Reason for Amendment: _____