

497 Contribution Report

Amounts may be rounded to whole dollars.

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|--|--|---|--|---|
| NAME OF FILER DAVID C. GARNER | | Date of This Filing <u>1/18/24</u> | Date Stamp FILED SIERRA COUNTY CLERK JAN 19 2024 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (530) 846-4489 | I.D. NUMBER (if applicable) 1465412 | Report No. <u>3</u> | BY HEATHER FOSTER DEPUTY | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | No. of Pages <u>1</u> | |
| CITY Gridley | STATE CA | ZIP CODE 95948 | | |

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 |
|---------------|--|---|--|---|
| 1/18/24 | David Garner (self) Gridley, CA 95948 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy District Attorney Butte County DA's Office (self) | \$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input checked="" 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 checked="" 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 |

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

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| STREET ADDRESS _____ | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY _____ | STATE _____ | ZIP CODE _____ | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|----------------------------------|
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Reason for Amendment: _____
