497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM **497**

NAME OF FILER		Date of This Filing	1/30/24	Date Stamp	For Official Use Only
DAVID C. GARNER					

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	4	FILED SIERRA COUNTY CLERK	
(530) 846-4489	1465412			JAN 31 2024	

STREET ADDRESS

☐ Amendment to Report No. _____ (explain below)

CITY	STATE	ZIP CODE	No. of Pages	1
Gridley	CA	95948		

BY HEATHER FOSTER DEPUTY

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
1/29/24	Vivian Garner Live Oak, CA 95953	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$1,000.00 ☐ Check if Loan _____% Provide interest rate
		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ☐ Check if Loan _____% 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: _____