

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAVID C. GARNER		Date of This Filing <u>2/4/24</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (530) 846-4489	I.D. NUMBER (if applicable) 1465412	Report No. <u>5</u>	FILED SIERRA COUNTY CLERK	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>FEB 05 2024</b> BY HEATHER FOSTER DEPUTY	
CITY Gridley	STATE CA	ZIP CODE 95948	No. of Pages <u>1</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
2/2/24	David C. 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	Retired	\$1,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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