

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 FILED SIERRA COUNTY CLERK FEB 14 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (530) 846-4489	I.D. NUMBER (if applicable) 1465412		Report No. <u>5</u>		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. <u>5</u> (explain below)	BY <i>Heather Foster</i> 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	Deputy District Attorney	\$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: CORRECT MY OCCUPATION

* 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