497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAVID C. GARNER	**Date of This Filing** 2/6/24
AREA CODE/PHONE NUMBER (530) 846-4489	**I.D. NUMBER** *(if applicable)* 1465412

Date Stamp

FILED
SIERRA COUNTY CLERK

FEB 1 4 2024

BY HEATHER FOSTER DEPUTY

CALIFORNIA FORM 497

For Official Use Only

STREET ADDRESS			**Date of This Filing** 2/6/24
CITY Gridley	**STATE** CA	**ZIP CODE** 95948	

Report No. 6

☑ Amendment to Report No. 6 *(explain below)*

No. of Pages 1

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
2/5/24	David C. Garner (self) Gridley, CA 95948	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy District Attorney	$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

Reason for Amendment: CORRECTED MY OCCUPATION. I AM NOT RETIRED.

* 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