497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: No on Measure M - No on the Floodwall	Date of This Filing: 1/2/24	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 916-747-8855 / I.D. NUMBER (if applicable): 1464491	Report No.: 3		For Official Use Only
STREET ADDRESS: 700 Placer Dr.	☐ Amendment to Report No. _____ (explain below)		
CITY: Woodland / STATE: CA / ZIP CODE: 95695	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
12/29/23	Barrios Bros POB 408 Yolo CA 95697	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$5,000 ☐ Check if Loan _____% Provide interest rate
12/29/23	GrowWest 201 East St, Woodland CA 95776	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$10,000 ☐ 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: _____

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