

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 1/31/24	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 916-747-8855	I.D. NUMBER (if applicable) 1464491		Report No. 7		
STREET ADDRESS 700 Placer Dr.			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
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 <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
1/31/24	Yolo Business PAC POB 981415 West Sacramento CA 95798 #1463029 +	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
1/31/24	Huff Family Farming LP 350 Court St. Woodland CA 95695 +	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input 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>

* 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: _____