

497 Contribution Report

Amounts may be rounded to whole dollars.

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|--|--|---|-----------------------|---|
| NAME OF FILER No on Measure M - No on the Floodwall | | Date of This Filing <u>2/5/24</u> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 916-747-8855 | I.D. NUMBER (if applicable) 1464491 | Report No. <u>8</u> | | |
| STREET ADDRESS 700 Placer Dr. | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Woodland | STATE CA | ZIP CODE 95695 | 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 |
|---------------|--|---|--|--|
| 2/5/24 | Richard and Lucille Harrison 19984 CR 99 Woodland CA 95695 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <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 _____% Provide interest rate |
| | | <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 _____% Provide interest rate |

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