497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER				Date of This Filing	2/22/24	Date Stamp	**CALIFORNIA FORM**	**497**

NAME OF FILER
No on Measure M - No on the Floodwall

Date of This Filing 2/22/24

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
916-747-8855	1464491

Report No. 9

For Official Use Only

STREET ADDRESS
700 Placer Dr.

☐ Amendment to Report No. _____ *(explain below)*

CITY	STATE	ZIP CODE
Woodland	CA	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
2/21/24	Barrios Bros POB 408 Yolo CA 95697	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$5,000 ☐ Check if Loan _____% Provide interest rate
2/21/24	Inland Terminal 201 East St. Woodland CA 95776	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$5,000 ☐ Check if Loan _____% Provide interest rate
2/21/24	Brad Howald 39220 CR 16A Woodland 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer	$2,000 ☐ 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