497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER TOM STALLARD FOR CITY COUNCIL 2020	Date of This Filing 10/14/20
AREA CODE/PHONE NUMBER 530 867-7706 **I.D. NUMBER** *(if applicable)* 1430680	Report No. 2
STREET ADDRESS 712 MAIN ST., Suite 200, CA	☐ Amendment to Report No. _____ (explain below)
CITY WOODLAND **STATE** CA **ZIP CODE** 95695	No. of Pages 1

Date Stamp

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
10/14/20	DONALD G CLARK PACIFIC SEPARATE PROPERTY LIVING TRUST	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER, CLARK PACIFIC	$1000 ☐ 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: _____

* 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