## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

Thomson  REA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)		Date of This Filling 8/26/16 Report No.	Date Stamp  City of Orovillo		CALIFORNIA 497 FORM For Official Use Only
Oraull	e STATE ZIP CODE  CA 95965	Amendment to Report No. (explain below) No. of Pages	AUG	2 6 2016 nistration	
. Contributio	on(s) Made		и сель	The state of the s	
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	1	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
3/26/14	Sert Thomson 18 Vaguero Dr. 95965	Ses# Thoms City Coun	c,'(	1,000	11/8/201
ason for Amendm	ent:		L		FPPC Form 497 (Jan/2016)

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497 Contribution	Report Amounts ma	y be rounded to w	hole dollars.		
NAME OF FILER  C.S. H  AREA CODE/PHONE NUMBER  DIRLET ADDRESS	Thomson I.D. NUMBER (if applicable)	Date of This Filing Report No	8/26/16	Date Stamp CALIFO	
Droville	STATE ZIP CODE  CA 75965	to Report No. (explain below)  No. of Pages	0		
. Contribution(s)	Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
3/26/16	AFE Finishing System 250 Airport Parkway Ocoville, CA 95965	15	OTH SCC		/, OOO
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	945,	☐ Check if Loan
eason for Amendment:		- Marie		**Contributor Codes  IND - Individual  COM - Recipient Committee (other  OTH - Other (e.g., business entity)  PTY - Political Party  SCC - Small Contributor Committee	)

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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