

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<p>NAME OF FILER <b>Linda Draper for Oroville City Council 2016</b></p> <p>AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____</p> <p>STREET ADDRESS _____</p> <p>CITY <b>Oroville</b> STATE <b>CA</b> ZIP CODE <b>95966</b></p>	<p>Date of This Filing _____</p> <p>Report No. _____</p> <p><input type="checkbox"/> Amendment to Report No. _____ (explain below)</p> <p>No. of Pages _____</p>	<p>Date Stamp <b>City of Oroville</b> <b>SEP 22 2016</b> <b>Administration</b></p>	<p><b>CALIFORNIA FORM 497</b></p> <p>For Official Use Only</p>
---	--	--	--

## 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
<p>9/21/16 <i>(copy of check attached)</i></p>	<p>Robert J. Wentz &amp; Brenda K. Wentz Oroville, CA 95966</p>	<p><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p>	<p>Pres./CEO Oroville Hospital</p>	<p>\$1,000.00 <input type="checkbox"/> Check if Loan N/A % Provide interest rate</p>
		<p><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p>		<p><input type="checkbox"/> Check if Loan _____% Provide interest rate</p>
		<p><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</p>		<p><input type="checkbox"/> Check if Loan _____% Provide interest rate</p>

**\*\*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: \_\_\_\_\_