

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>WARREN GROVER - OROVILLE CITY COUNCIL 2016</u>		Date of This Filing <u>9/29/16</u>	Date Stamp City of Oroville SEP 29 2016 Administration	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>5</u>	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>OROVILLE</u>	STATE <u>CA.</u>	ZIP CODE <u>95966</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
9/29/16	CALIFORNIA WATER SERVICE COMPANY 1720 N. FIRST ST. SAN JOSE, CA. 95112	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		NON-MONETARY \$2,612 <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