


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DAVE SHAW FOR YUBA CITY COUNCIL 2022		Date of This Filing <u>08/16/2022</u>	Date Stamp <div style="text-align: center;">  </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-674-1150	I.D. NUMBER (if applicable) 1450553	Report No. <u>1</u>		
STREET ADDRESS <div style="background-color: black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages <u>1</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
08/15/2022	Harter Packing Company <div style="background-color: black; height: 30px; width: 100%;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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