

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Comm to Elect Daria Ali to City Council 2018, Yuba City		Date of This Filing 9-26-18	Date Stamp CITY CLERK SEP 26 2018 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-218-0785	I.D. NUMBER (if applicable) 1407633	Report No. <u> E 2 </u>		
STREET ADDRESS 1282 Stabler Lane #630-286		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Yuba City	STATE CA	ZIP CODE 95993	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
8-21-18	Daria Ali 1370 Eden Way Yuba City CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Shady Creek Outdoor Educ Foundation	2,000 <input checked="" type="checkbox"/> Check if Loan <u> 0 </u> % <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 <u> </u> % <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 <u> </u> % <small>Provide Interest rate</small>

****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: _____

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NAME OF FILER COMMITTEE TO ELECT DARRIA ALI FOR Y.C. COUNCIL		Date of This Filing <u>9-18-18</u>	Date Stamp CITY CLERK SEP 19 2018 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-218-0785	I.D. NUMBER (if applicable) 1407633	Report No. <u>1</u>		
STREET ADDRESS 1282 STABLER LN Q30-286		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY YUBA CITY	STATE CA	ZIP CODE 95993	No. of Pages <u>1</u>	

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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
9-18-18	RECOLOGY INC, 50 CALIFORNIA ST. 24TH FLOOR SAN FRANCISCO, CA 941119796	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00 <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

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