

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Boomgaarden for Yuba City Council 2018		<b>Date of This Filing</b> 11/2/18	RECEIVED CITY OF YUBA CITY HUMAN RESOURCES NOV -2 PM 4: 06	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 530-701-1688	<b>I.D. NUMBER (if applicable)</b> 1404802	<b>Report No.</b> 12		
<b>STREET ADDRESS</b> 1520 Pintail Ct		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Yuba City	<b>STATE</b> CA	<b>ZIP CODE</b> 95993	<b>No. of Pages</b> 1	

## 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
11/2/18	Hilbers, Inc 1210 Stabler Ln Yuba City, CA 95993	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Total for 2018 = \$1500.00	500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/2/18	Alexander D Jimenez 941 Carolina Ave Yuba City, CA 95991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Jimenez Trucking	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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Boomgaarden for Yuba City Council 2018</b>		Date of This Filing <b>10/19/18</b>	<b>RECEIVED</b> Date Stamp <b>CITY OF YUBA CITY</b> <b>HUMAN RESOURCES</b>  <b>2018 OCT 19 PM 4:18</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>	Report No. <b>11</b>		
STREET ADDRESS <b>1520 Pintail Ct</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>		
		No. of Pages <b>1</b>		

## 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
10/19/18	Harter Packing Company, LLC 1321 Harter Pwky Yuba City, CA 95993	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOTAL FOR 2018 = \$1000.00	500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19/18	Karyn Boomgaarden 1520 Pintail Ct 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	retired  TOTAL IN-KIND CONT. 2018 = \$1205.00	330.00  <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Boomgaarden for Yuba City Council 2018		<b>Date of This Filing</b> 10/16/18	<b>RECEIVED</b> CITY OF YUBA CITY HUMAN RESOURCES Date Stamp <b>2018 OCT 16 PM 3:46</b>
<b>AREA CODE/PHONE NUMBER</b> 530-701-1688	<b>I.D. NUMBER (if applicable)</b> 1404802	<b>Report No.</b> 10	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>STREET ADDRESS</b> 1520 Pintail Ct		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Yuba City	<b>STATE</b> CA	<b>ZIP CODE</b> 95993	
		<b>No. of Pages</b> 1	

## 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
10/16/18	Marc J Boomgaarden 1520 Pintail Ct 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	President, Valley Truck & Tractor  Total for 2018 = \$8200.00	1200.00  <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

<b>NAME OF FILER</b> Boomgaarden for Yuba City Council 2018		<b>Date of This Filing</b> 10/10/18	CITY OF YUBA CITY HUMAN RESOURCES	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 530-701-1688	<b>I.D. NUMBER (if applicable)</b> 1404802	<b>Report No.</b> 9		2018 OCT 10 PM 3:56
<b>STREET ADDRESS</b> 1520 Pintail Ct		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Yuba City	<b>STATE</b> CA	<b>ZIP CODE</b> 95993	<b>No. of Pages</b> 1	

## 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
10/10/18	Laborers Local 185, Small Contributor Cmte PAC ID #870122 555 Capitol Mall, Suite 400 Sacramento, CA 95814-4503	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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

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

**497 Contribution Report**

Amounts may be rounded to whole dollars.

Page 1 of 2

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES

CALIFORNIA FORM **497**

NAME OF FILER <b>Boomgaarden for Yuba City Council 2018</b>		Date of This Filing <b>10/1/18</b>	For Official Use Only  OCT - 1 PM 3:14
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>	Report No. <b>8</b> <b>2018</b>	
STREET ADDRESS <b>1520 Pintail Ct</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>	
		No. of Pages <b>1</b>	

**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
10/1/18	Dave Vaughn 732 E Hillcrest Ave Yuba City, CA 95991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP, Recology, Inc	1400.00 <input type="checkbox"/> Check if Loan <u>IN-KIND</u> % Provide interest rate
10/1/18	Marc Boomgaarden 1520 Pintail Ct 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	President, Valley Truck & Tractor  TOTAL FOR 2018 = \$7400.00	400.00 <input type="checkbox"/> Check if Loan <u>IN-KIND</u> % Provide interest rate
10/1/18	Jackie Sillman 1964 Cherry St 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	Owner, Upholstery Hut and Public Relations, Recology, Inc \$60 IN-KIND/\$1200 Cont.	1260.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES  
Page 2 of 2

NAME OF FILER <b>Boomgarden for Yuba City Council 2018</b>			Date of This Filing <u>10/1/18</u>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>		Report No. <u>8</u> <b>2018 OCT -1 PM 3:14</b>	
STREET ADDRESS <b>1520 Pintail Ct</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>	No. of Pages <u>1</u>	

**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
10/1/18	Hilbers, Inc 1210 Stabler Ln Yuba City, CA 95993	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOTAL FOR 2018 = \$1000.00	500.00 <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES  
2018 SEP 14 PM 4:09

CALIFORNIA FORM 497  
For Official Use Only

NAME OF FILER  
**Boomgaarden for Yuba City Council 2018**

AREA CODE/PHONE NUMBER: **530-7001-1688** I.D. NUMBER (if applicable): **1404802**

STREET ADDRESS: **1520 Pintail Ct**

CITY: **Yuba City** STATE: **CA** ZIP CODE: **95993**

Date of This Filing: **9/14/18**

Report No.: **7**

Amendment to Report No. (explain below)

No. of Pages: **1**

## 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
9/14/18	Ted W. Dress Trust #101 Craig Dress Trustee 666 Oji 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	retired	1500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/14/18	Recology Inc PAC ID 921099 50 California St, 24th Floor San Francisco, CA 94111	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00 <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES

CALIFORNIA FORM **497**

NAME OF FILER <b>Marc Boomgaarden</b>		Date of This Filing <b>9/10/18</b>	2018 SEP 10 PM 4:50	For Official Use Only
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>	Report No. <b>6</b>		
STREET ADDRESS <b>1520 Pintail Ct</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>	No. of Pages <b>1</b>	

## 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
9/10/18	Total Quality Cleaners 1070 Celestial Wy Yuba City, CA 95991	<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

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



**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES

CALIFORNIA FORM **497**

NAME OF FILER <b>Boomgaarden for Yuba City Council 2018</b>		Date of This Filing <b>9/7/18</b>	2018 SEP -7 PM 3:51 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <b>1</b>	For Official Use Only
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>	Report No. <b>5</b>		
STREET ADDRESS <b>1520 Pintail Ct</b>				
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>		

**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
9/7/18	Ronald Giovannetti 733 E. Hillcrest Ave Yuba City, CA 95991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Boomgaarden for Yuba City Council 2018			<b>Date of This Filing</b> <u>9/4/18</u>	Date Stamp <b>CITY CLERK</b>  SEP 04 2018  <b>YUBA CITY</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 530-701-1688	<b>I.D. NUMBER (if applicable)</b> 1404802	<b>Report No.</b> <u>4</u>			
<b>STREET ADDRESS</b> 1520 Pintail Ct			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Yuba City	<b>STATE</b> CA	<b>ZIP CODE</b> 95993	<b>No. of Pages</b> <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
9/4/18	Operating Engineers Local Union No 3 District 60 PAC ID # 891400 1620 South Loop Rd Alameda, CA 94502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
Date Stamp: 2018 AUG 30 PM 4:02  
HUMAN RESOURCE

**CALIFORNIA FORM 497**  
For Official Use Only

NAME OF FILER <b>Boomgaarden for Yuba City Council 2018</b>			Date of This Filing <b>8/30/18</b>
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>		Report No. <b>3</b>
STREET ADDRESS <b>1520 Pintail Ct</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>	No. of Pages <b>1</b>

## 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
8/30/18	Michael Tomlinson 1007 Live Oak Blvd, Ste A-4 Yuba City, CA 95991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Broker, Meagher & Tomlinson Co  Total for 2018 = \$2000.00	500.00 <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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Boomgaarden for YC Council 2018			<b>Date of This Filing</b> 8/29/18	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 530-701-1688	I.D. NUMBER (if applicable) 1404802	<b>Report No.</b> 2	<b>ADMINISTRATION</b>  <b>AUG 29 2018</b>  <b>RECEIVED</b>		
<b>STREET ADDRESS</b> 1520 Pintail Ct			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Yuba City	<b>STATE</b> CA	<b>ZIP CODE</b> 95993	<b>No. of Pages</b> 1		

## 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
8/29/18	John S Miller 1522 Madden Ct 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	Farm Equipment Sales, Valley Truck & Tractor Co	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

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Boomgaarden for YC Council 2018</b>		Date of This Filing <u>8/8/18</u>	Date Stamp <b>CITY CLERK</b> <b>AUG 08 2018</b> <b>YUBA CITY</b>	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <b>530-701-1688</b>	I.D. NUMBER (if applicable) <b>1404802</b>	Report No. <u>1</u>		
STREET ADDRESS <b>1520 Pintail Ct</b>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Yuba City</b>	STATE <b>CA</b>	ZIP CODE <b>95993</b>	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
8/8/18	Marc J Boomgaarden 1520 Pintail Ct 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	President, Valley Truck and Tractor	5000.00  <input checked="" type="checkbox"/> Check if Loan 0.00 % <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>

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