

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Brookman for Yuba City Council 2018

AREA CODE/PHONE NUMBER
530-301-2183

I.D. NUMBER (if applicable)
1405424

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Yuba City CA 95993

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

Report No. **2018 SEP 18**

Amendment to Report No. _____
 (explain below)

No. of Pages **1**

RECEIVED
 CITY OF YUBA CITY
 HUMAN RESOURCES
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2018 SEP 18 PM 4:20

CALIFORNIA FORM **497**

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CITY CLERK
SEP 19 2018
YUBA CITY

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
9/18/18	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		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: _____

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AREA CODE/PHONE NUMBER 530-301-2183	I.D. NUMBER (if applicable) 1405424	Date of This Filing 8/10/18	For Official Use Only		
STREET ADDRESS ████████████████████		Report No. 1	Date Stamp AUG 10 2018		
CITY Yuba City		<input type="checkbox"/> Amendment to Report No. (explain below)	Date Stamp YUBA CITY		
STATE CA		No. of Pages 1			
ZIP CODE 95993					

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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
8/10/18	New Legend Inc 1300 N. McClintock Dr, Suite B4 Chandler, AZ 85226	<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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