

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Grace Espindola for Yuba City Council 2018		Date of This Filing <u>11/2/18</u>	Date Stamp CITY CLERK NOV 05 2018 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5303214522	I.D. NUMBER (if applicable) 1404110	Report No. <u>6</u>		
STREET ADDRESS 1763 Wildflower Circle		<input type="checkbox"/> Amendment to Report No. _____ (insert in 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 ID 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	North Eastern Building Trades Council 900 Locust St Ste B Redding, CA 96001-2010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <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 - Regional 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 Grace Espindola for Yuba City Council 2018		Date of This Filing <u>10/26/18</u>	Date Stamp CITY CLERK OCT 26 2018 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5303214522	I.D. NUMBER (if applicable) 1404110	Report No. <u>5</u>		
STREET ADDRESS 1763 Wildflower Circle		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
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 ^A	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/26/18	Pete Bekis Total Quality Cleaners 1070 Celestial Way 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		\$1,000.00 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Grace Espindola for Yuba City Council 2018		Date of This Filing 10/11/18	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5303214522	I.D. NUMBER (if applicable) 1404110	Report No. 4		
STREET ADDRESS 1763 Wildflower Circle		<input type="checkbox"/> Amendment to Report No. _____ (report below)		
CITY Yuba City	STATE CA	ZIP CODE 95993	CITY CLERK OCT 11 2018 YUBA CITY	
		No. of Pages 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
10/10/18	Plumbers & Steamfitters, Local # 467 State & PAC Action Fund #782481 1519 Rollins Rd Burlingame, CA 94010-2305	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/10/18	Sprinkler Filters and Apprentices, Local 483 #1298012 555 Capitol Mall, Ste 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		\$2,500.00 <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>

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 - State Contributor Committee

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Grace Espindola for Yuba City Council 2018		Date of This Filing 9/25/18	Data Stamp CITY CLERK SEP 26 2018 YUBA CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5303214522	I.D. NUMBER (if any/last) 1404110	Report No. 3		
STREET ADDRESS 1763 Wildflower Circle		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Yuba City	STATE CA	ZIP CODE 95993	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF CONTRIBUTOR IS AN ENTITY, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/24/18	District Council of Iron Workers Political Action League #831693 1660 San Pablo Ave, Ste C Pinole, CA 94564	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan <small>Provide interest rate</small>
9/24/18	U. A. Local Union 228 Political Action Fund 1246 Putman Ave Yuba City, CA 95991	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <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>

Reason for Amendment: _____

****Contributor Codes**

IND - Individual
 COM - Response 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 Grace Espindola for Yuba City Council 2018		Date of This Filing 9/17/18	Date Stamp CITY CLERK SEP 17 2018 YUBA CITY	CALIFORNIA FORM 497 For Original Use Only
AREA CODE/PHONE NUMBER 5303214522	U. NUMBER (TOLL FREE) 14041 10	Report No. 2	<input type="checkbox"/> Amendment to Report No. (explain below)	
STREET ADDRESS 1763 Wildflower Circle		No. of Pages 1		
CITY Yuba City	STATE CA	ZIP CODE 95993		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, PLEASE ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/14/18	UA Local 246 and Pipefitters COPE Committee 1303 N. Rabe Ave., Ste 202 Fresno, CA 93727	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <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 - Reciprocal 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 Grace Espindola for Yuba City Council 2018		Date of This Filing 8/17/18	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5303214522	I.D. NUMBER (if applicable) 1404110	Report No. 1	CITY CLERK	
STREET ADDRESS 1763 Wildflower Circle		<input type="checkbox"/> Amendment to Report No. (explain below)	AUG 20 2018	
CITY Yuba City	STATE CA	ZIP CODE 95993	No. of Pages 1	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
8/16/18	Pipe Trades District Council #36 PAC - #910629 1303 N. Rabe Ave., Ste 202 Fresno, CA 93727	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00 <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: _____
