

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF YUBA CITY  
HUMAN RESOURCES  
OCT 02 PM 4:22  
CITY CLERK  
OCT 02 2018  
YUBA CITY

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER  
**Sukh Sidhu for Yuba City Council 2018**

AREA CODE/PHONE NUMBER  
**530-755-2145**

I.D. NUMBER (if applicable)  
**1405793**

STREET ADDRESS  
**2797 Satori Wy**

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

Date of This Filing **10/2/18**

Report No. **2** 2018

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
10/2/18	Janda Farm 805 Gidda Loop 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		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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Amounts may be rounded to whole dollars. RECEIVED CITY OF YUBA CITY HUMAN RESOURCES

NAME OF FILER <b>Sukh Sidhu for Yuba City Council 2018</b>			Date of This Filing <b>9/18/18</b>	<b>2018 SEP 18 PM 4:20</b> Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>CITY CLERK</b> SEP 19 2018 <b>YUBA CITY</b>
AREA CODE/PHONE NUMBER <b>530-755-2145</b>	I.D. NUMBER (if applicable) <b>1405793</b>		Report No. _____		
STREET ADDRESS <b>2797 Satori Wy</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 <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	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		1500.00 <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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