

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Amanda Hopper		Date of This Filing 02/18/2022		Date Stamp FILED REGISTRAR OF VOTERS FEB 19 2022		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5306312033		I.D. NUMBER (if applicable) 1362796		Report No. 1		
STREET ADDRESS Yuba City		STATE CA		ZIP CODE 95991		Amendment to Report No. _____ (explain below)
		No. of Pages 1		BY DONNA M. JOHNSTON DEPUTY CLERK		

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
02/18/2022	Susan B. Jones 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	Limary and Jones, LCSW	2200.00 <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