


# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jennifer Dupré for District Attorney 2022		Date of This Filing 4/3/22	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only 
AREA CODE/PHONE NUMBER 650-224-1966	I.D. NUMBER (if applicable) 1445704	Report No. 03	<b>FILED</b> REGISTRAR OF VOTERS <b>APR 04 2022</b>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DONNA M. JOHNSTON <i>[Signature]</i> DEPUTY CLERK	
CITY Yuba City	STATE CA	ZIP CODE 95991	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
4/3/22	Bakhsho Singh  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	Postal Carrier USPS	3000  <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