497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Stop the Developer Recall of Councilmembers Jones and Begonia	08/17/2024 06:14	RECEIVED AUG 18 2024 CITY OF LOS BANOS	For Official Use Only
AREA CODE/PHONE NUMBER	**I.D. NUMBER (if applicable)**		
	1469084		
STREET ADDRESS	Report No. 89		
	☐ Amendment to Report No. _____ (explain below)		
CITY **STATE** **ZIP CODE**	No. of Pages 3		
Los Banos, CA 93635			

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
2024-08-16	Brett Jones Los Banos, CA 93635	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember City of Los Banos	5,000.00 ☒ 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

497 Contribution Report

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497 CONTRIBUTION REPORT

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Stop the Developer Recall of Councilmembers Jones and Begonia	08/17/2024 06:14		For Official Use Only
AREA CODE/PHONE NUMBER / **I.D. NUMBER (if applicable)**: 1469084	**Report No.**		
STREET ADDRESS	☐ **Amendment to Report No.** (explain below)		
CITY / **STATE** / **ZIP CODE**: Los Banos, CA 93635	**No. of Pages** 3		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

FORM	REFERENCE	NOTES
CA 497	TEXT -28	Contribution in the form of a Loan Received. Interest on Loan is: