ontribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

ME OF FILER Mike Amabile for Mayor 2024	**Date of This Filing** 10/17/2024 01:28 **Report No.** 17 ☐ **Amendment to Report No.** _____ (explain below) **No. of Pages** 2	Date Stamp	CALIFORNIA FORM **497** For Official Use Only
AREA CODE/PHONE NUMBER / **I.D. NUMBER (If applicable)** **STREET ADDRESS** **CITY** / **STATE** / **ZIP CODE** 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
2024-07-30	Michael S. Amabile Los Banos, CA 93635	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Espanas	25,000.00 ☐ Check if Loan _____ % Provide Interest Rate
2024-10-17	Michael S. Amabile Los Banos, CA 93635	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Espanas	7,500.00 ☐ 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

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Mike Amabile for Mayor 2024		Report No.		For Official Use Only
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STREET ADDRESS		No. of Pages 2		
CITY / STATE / ZIP CODE				
Los Banos, CA 93635				

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: _____