

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT RON SULLENGER FOR SUPERVISOR 2016		Date of This Filing <u>11-04-2016</u>	Date Stamp <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div> REGISTRAR OF VOTERS NOV 04 2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 701-5055	I.D. NUMBER (if applicable) 1343937	Report No. <u>012</u>		
STREET ADDRESS 4425 BROADWAY RD.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LIVE OAK	STATE CA	ZIP CODE 95953	No. of Pages <u>1</u>	BY <u>Donna M Johnston</u> 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
11/03/16	BARBIT THIARA JR 2599 REED RD 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	FARMER	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

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