

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT RON SULLENGER FOR SUPERVISOR 2016		Date of This Filing <u>08-31-16</u>	Date Stamp FILED REGISTRAR OF VOTERS AUG 31 2016	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 530 701-5055	I.D. NUMBER (if applicable) 1343937	Report No. <u>006</u>		
STREET ADDRESS 4425 BROADWAY RD		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	BY <u>Donna M. Johnston</u> DEPUTY CLERK	
CITY LIVE OAK	STATE CA	ZIP CODE 95953	No. of Pages <u>1</u>	

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
<u>8/30/16</u>	<u>PAMMA LAW FIRM</u> <u>855 HARTER PARKWAY</u> <u>YUBA CITY, CA 95993</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>1000.⁰⁰</u>	<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