

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT RON SULLENGER FOR SUPERVISOR 2016 <hr/> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 530 701-5055 1343937 <hr/> STREET ADDRESS 4425 BROADWAY RD <hr/> CITY STATE ZIP CODE LIVE OAK CA 95953		Date of This Filing <u>09/22/2016</u> Report No. <u>009</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp FILED REGISTRAR OF VOTERS SEP 22 2016 DONNA M. JOHNSTON BY <u>R. Mat</u> DEPUTY CLERK	CALIFORNIA FORM 497 For Official Use Only
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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
9/21/16	THOMAS P. WINN 3001 I. ST. SACRAMENTO, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIVISION PRES. LENNAR COMMUNITIES	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

****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

Reason for Amendment: _____