

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT RON SULLENGER FOR SUPERVISOR 2016		Date of This Filing <u>09-27-16</u>	Date Stamp <div style="text-align: center; border: 1px solid black; padding: 5px;"> FILED REGISTRAR OF VOTERS SEP 27 2016 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 701-5055	I.D. NUMBER (if applicable) 1343937	Report No. <u>010</u>		
STREET ADDRESS 4425 BROADWAY RD.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LIVE OAK	STATE CA	ZIP CODE 95953	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
9/27/16	CALIF REAL ESTATE PAC 525 S. VIRGIL AVE. LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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