

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Lou Martinez for Hanford City Council District D 2022		Date of This Filing <u>10/24/22</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (559) 589-3774	I.D. NUMBER (<i>if applicable</i>) 145-5695	Report No. <u>1</u>	RECEIVED CITY OF HANFORD OCT 24 2022	For Official Use Only
STREET ADDRESS 207 E. 5th St.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY CLERK	
CITY Hanford	STATE CA	ZIP CODE 93230	No. of Pages <u>1</u>	

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
10/24/22	The CCPOA Kings County Chapters California Correctional Peace Officers Association Local PAC ID #960532 [REDACTED] Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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