

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee to Elect Lou Martinez Hanford City Council District D 2022

AREA CODE/PHONE NUMBER

55-500-3774

I.D. NUMBER (if applicable)

88-3830575

STREET ADDRESS

207 E. 5th St.

CITY

Hanford

STATE

CA

ZIP CODE

93230

Date of
This Filing _____

Date Stamp

CALIFORNIA
FORM

497

Report No. _____

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CITY OF HANFORD

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 Amendment
to Report No. _____
(explain below)

SEP 28 2022

No. of Pages _____

CITY CLERK

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
9/15/22	David G. Ayers [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist Adventist Health	\$500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
9/22/22	David G. Ayers [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist Adventist Health	\$500.00 <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

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