

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>ELECT Mark Kairis - Hanford City Council 2022</b>		Date of This Filing <u>10/18/2022</u>	Date Stamp
AREA CODE/PHONE NUMBER <b>559-362-5349</b>	I.D. NUMBER (if applicable) <b>1451588</b>	Report No. <u>1</u>	<b>RECEIVED CITY OF HANFORD OCT 18 2022 CITY CLERK</b>
STREET ADDRESS <b>2093 W. Liberty Street</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>Hanford</b>	STATE <b>CA</b>	ZIP CODE <b>93230</b>	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
10/18/2022	California Correctional Peace Officers Association (CCPOA) Kings County Chapters 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		\$1,000.00 <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