

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Committee to Elect Travis Paden for Hanford City Council District A 2022			<b>Date of This Filing</b> 09/13/2022	Date Stamp  <b>RECEIVED</b> CITY OF HANFORD  SEP 14 2022  <b>CITY CLERK</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 559-381-3096	<b>I.D. NUMBER (if applicable)</b>	<b>Report No.</b> 1			
<b>STREET ADDRESS</b> 2268 N ARBOR AVE					
<b>CITY</b> HANFORD	<b>STATE</b> CA	<b>ZIP CODE</b> 93230	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			<b>No. of Pages</b> 1		

## 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
05/16/2022	J C AUTOMATION, INC. [REDACTED] HANFORD, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000  <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