

497 Contribution Report

Amounts may be rounded to whole dollars.

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