

# 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 10/17/22	Date Stamp	CALIFORNIA FORM <b>497</b>
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 OCT 17 2022 CITY CLERK	
CITY HANFORD	STATE CA	ZIP CODE 93230	No. of Pages 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
10/17/22	THE CCPOA KINGS COUNTY CHAPTERS CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCATION 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 <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