

497 Contribution Report

Amounts may be rounded to whole dollars.

<p>NAME OF FILER ELISA RIVERA Jewel Hurtado for city Council AREA CODE/PHONE NUMBER [REDACTED] I.D. NUMBER (if applicable) 1407201 2018</p> <p>STREET ADDRESS [REDACTED]</p> <p>CITY Kingsburg STATE CA ZIP CODE 93631</p>		<p>Date of This Filing 10/10/18</p> <p>Report No. 497</p> <p><input type="checkbox"/> Amendment to Report No. _____ (explain below)</p> <p>No. of Pages 2</p>	<p>Date Stamp</p> <p style="font-size: 2em; text-align: center;">REC'D OCT 10 2018</p>	<p>CALIFORNIA FORM 497</p> <p>For Official Use Only</p>
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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
10/9/18	Northern California Carpenters Regional Council Small Contributions Committee [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 972104	\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
	[REDACTED]	<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: Contribution of \$1,000

****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

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <i>497</i>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	No. of Pages _____

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>NIA</i>				

Reason for Amendment: _____