

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ericka Chiara			Date of This Filing <u>10/9/2020</u>		Date Stamp		<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">For Official Use Only</div>
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. <u>2</u>		<div style="font-size: 2em; font-weight: bold; color: black;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 5px;">OCT 12 2020</div>	
STREET ADDRESS				<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Oakdale		STATE CA		ZIP CODE 95361			
				BY: <u><i>Julie C...</i></u>			
				No. of Pages <u>1</u>			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/9/2020	Donna Verdegaal Knights Ferry, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verdegaal Farms Inc. Knights Ferry, CA 95361	\$500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

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SEP 21 2020

BY: Jel Ch

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NAME OF FILER Ericka Chiara		Date of This Filing 9/21/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Oakdale	STATE CA	ZIP CODE 95361	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
09/21/2020	Roni Roberts Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RT Financial	\$2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/21/2020	Larry R. Reis Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Reis Rxcare Consulting	\$49.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/21/2020	Elizabeth J. Reis Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker/Retired	\$49.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Ericka Chiara		Date of This Filing 10/17/2020	Date Stamp 10/17/2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209-380-2186	I.D. NUMBER (if applicable)	Report No. 4	RECEIVED OCT 22 2020 <i>[Signature]</i>	
STREET ADDRESS 640 Albanian Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakdale	STATE CA	ZIP CODE 95361		
		No. of Pages 1	BY: _____	

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
10/17/2020	Jennifer Stasio Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RE/MAX Executive 220 Standiford Avenue Ste A Modesto, CA 95350	\$150 <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

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