

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elect Rusty Robinson for Kings County District 4 AREA CODE/PHONE NUMBER (559) 816-4646 STREET ADDRESS [REDACTED] CITY Hanford STATE CA ZIP CODE 93230	I.D. NUMBER (if applicable) 1446647 Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date of This Filing 4-28-22 Date Stamp RECEIVED APR 28 2022 KINGS COUNTY ELECTIONS	CALIFORNIA FORM 497 For Official Use Only
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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
4-22-22	CA Correctional Peace Officers Association Local PAC [REDACTED] Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <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