

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chavez for Supervisor 2022		Date of This Filing 09/22/2022 08:38	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 559-639-3308	I.D. NUMBER (if applicable) 1444506	Report No. <u>2</u>	RECEIVED SEP 23 2022 Kings County Elections	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stratford, CA 93266	STATE	ZIP CODE		
No. of Pages <u>2</u>				

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
2022-09-21	Saul Camacho [REDACTED] Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Pacific Farm Management, Inc	1,000.00 <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

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NAME OF FILER Chavez for Supervisor 2022		Date of This Filing 09/22/2022 08:38 Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 559-839-3308	I.D. NUMBER (if applicable) 1444506	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) _____ No. of Pages 2	
STREET ADDRESS [REDACTED]			
CITY Stratford, CA 93266	STATE	ZIP CODE	

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)

Reason for Amendment: _____