

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Tyler Pepe for Supervisor 2024		Date of This Filing 12/06/2023 03:16	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 For Official Use Only </div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 5px;">DEC 06 2023</div> <div style="margin-top: 5px;">Kings County Elections</div>
AREA CODE/PHONE NUMBER 559-772-2458	I.D. NUMBER (if applicable) 1458774	Report No. 16		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fresno, CA 93704	STATE CA	ZIP CODE 93704	No. of Pages 2	

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
2023-12-06	Alexander Tavlian [REDACTED] Fresno, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Park West Associates	1,500.00 <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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AREA CODE/PHONE NUMBER 559-772-2458	I.D. NUMBER (if applicable) 1458774	Report No. _____	
STREET ADDRESS <div style="background-color: black; height: 15px; width: 100%;"></div>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY Fresno, CA 93704	STATE ZIP CODE	No. of Pages <u>2</u>	

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: _____