

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Elect Robert Thayer Kings County District 5 Supervisor 2024		Date of This Filing 01/17/2024 01:06	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (916)234-6210	I.D. NUMBER (if applicable) 1458571	Report No. 104		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 17 2024 Kings County Elections </div>
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hanford, CA	STATE CA	ZIP CODE 93230	For Official Use Only	

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
2024-01-17	California Association of Highway Patrolmen PAC [REDACTED] Sacramento, CA 95818 ID: 802001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Elect Robert Thayer Kings County District 5 Supervisor 2024		Date of This Filing 01/17/2024 01:06	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (916)234-6210	I.D. NUMBER (if applicable) 1458571	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____		
CITY STATE ZIP CODE Hanford, CA 93230		(explain below) No. of Pages 2		

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: _____