


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 02/02/2024 12:28	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 559-772-2458	I.D. NUMBER (if applicable) 1458774	Report No. 92		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fresno, CA 93704	STATE	ZIP CODE		

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
2024-02-01	Avila Inc [REDACTED] Lemoore, CA 93245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-02-01	Garrett Chojnacki [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Spencer Consulting	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-02-01	Dias Law Firm, Inc [REDACTED] Hanford, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-02-01	Jalaa Mahfood [REDACTED] Coalinga, CA 93210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Fastrip Store	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 Tyler Pope for Supervisor 2024		Date of This Filing <u>02/02/2024 12:28</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> <p style="font-size: 0.8em;">For Official Use Only</p>
AREA CODE/PHONE NUMBER 559-772-2458	I.D. NUMBER (if applicable) 1458774	Report No. <u>92</u>		
STREET ADDRESS <div style="background-color: black; width: 100%; height: 15px;"></div>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY STATE ZIP CODE Fresno, CA 93704		No. of Pages <u>3</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
2024-02-01	TDH Land & Cattle, LLC <div style="background-color: black; width: 100%; height: 15px;"></div> Hanford, CA 93230 Resp. Officer Tod D. Howze	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide Interest Rate</small>
2024-02-01	Verdegaal Brothers, Inc <div style="background-color: black; width: 100%; height: 15px;"></div> Hanford, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide Interest Rate</small>

Reason for Amendment: _____

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CITY Fresno, CA 93704	STATE	ZIP CODE	No. of Pages <u>3</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: _____