

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Campaign to Elect Mike Holland for District 1 Supervisor			Date of This Filing <u>10/15/2024</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 	I.D. NUMBER (if applicable) 1466641	Report No. _____	Filed OCT 15 2024		
STREET ADDRESS PO Box 3142					
CITY Sonora	STATE CA	ZIP CODE 95370	☐ Amendment to Report No. _____ (explain below)	Tulumne County Clerk Deputy	
No. of Pages <u>1</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
10/14/2024	Left Coast Land Clearing PO Box 4315 Sonora, CA 95370-1315	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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