

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Steve Griefer for Supervisor District 4 2024		Date of This Filing 12/22/2023 09:20	Date Stamp Filed DEC 22 2023 Tulumne County Clerk By <i>[Signature]</i> Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1461469	Report No. 17		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY Groveland, CA 95321	STATE CA	ZIP CODE 95321		

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
2023-12-22	Lionel Hunt [REDACTED] Groveland, CA 95321	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineering Manager Apple	1,500.00 ☐ Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

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* 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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STREET ADDRESS [REDACTED]				
CITY _____ STATE _____ ZIP CODE _____ Groveland, CA 95321				

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: _____