

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Gary Soiseth</b>		Date of This Filing <b>9/19/18</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1365658</b>	Report No. <b>87NS</b>	RECEIVED	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	SEP 19 2018	
CITY <b>Turlock</b>	STATE <b>CA</b>	ZIP CODE <b>95380</b>	No. of Pages <b>1</b>	Office of the City Clerk

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/18/18	Claims Eval Inc Granite Bay, CA 95746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$1,000	<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/18/18	Darrin Lim Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$1,000	<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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