

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER HIGGINS TURLOCK CITY COUNCIL 2022			Date of This Filing <u>9/21/2022</u>	Date Stamp <div style="font-size: 2em; color: #00AEEF; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">SEP 21 2022</div> <div style="color: #00AEEF;">Office of the City Clerk</div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209-485-8959	I.D. NUMBER (if applicable) 1453117	Report No. <u>1</u>			
STREET ADDRESS <div style="background-color: black; width: 100px; height: 20px;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY TURLOCK	STATE CA	ZIP CODE 95382	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
9/21/2022	KYLE KIRKES <div style="background-color: black; width: 100px; height: 20px;"></div> DENAIR CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED ELECTRICIAN	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% 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