497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Otero for Ceres City Council District 3 2024	09/19/2024 09:53	Received by 20 SEP 2024 CITY CLERK City of Ceres	For Official Use Only
AREA CODE/PHONE NUMBER [redacted] / **I.D. NUMBER (if applicable)** 1468705	**Report No.** CO 1		
STREET ADDRESS [redacted]	☐ **Amendment to Report No.** _____ (explain below)		
CITY Ceres, CA 95307 / **STATE** / **ZIP CODE**	**No. of Pages** 2		

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
2024-09-19	Latino PAC of Stan [redacted] Hughson, CA 95326 **TREASURER**	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		3,000.00 ☐ 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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Otero for Ceres City Council District 3 2024		Report No. 1		For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1468705	☐ Amendment to Report No. _____ (explain below)		
STREET ADDRESS [redacted]		No. of Pages 2		
CITY Ceres, CA 95307	STATE ZIP CODE			

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: _____