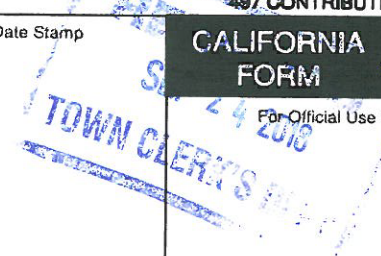


497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Steve Crowder for Town Council 2018		Date of This Filing 09/21/2018	Date Stamp 	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1410450	Report No. 1		CALIFORNIA FORM 497
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. 0 (explain below)		<small>For Official Use Only</small>
CITY Paradise, CA 95969	STATE	ZIP CODE	No. of Pages 1	

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
2018-08-22	Steven P. Crowder [REDACTED] Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner A Stitch Above	500.00 <input checked="" type="checkbox"/> Check if Loan 0 % Provide Interest Rate
2018-09-21	Steven P. Crowder [REDACTED] Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner A Stitch Above	800.00 <input checked="" 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: _____

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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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