497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER		Date of This Filing 09/12/2020	Date Stamp
Paradise Residents & Business for New Town Leadership, a committe to support Tryon,			RECEIVED SEP 14 2020 TOWN CLERK'S DEPT
AREA CODE/PHONE NUMBER: 530-592-6797	I.D. NUMBER (If applicable): Applied	Report No. 1	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	
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
2020-09-02	Anderson Brothers Corporation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00 ☐ Check if Loan _____ % Provide Interest Rate
2020-09-11	Anderson Brothers Corporation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00 ☐ 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

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