

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER New Town Leadership, a committee to support Tryon, Culleton, Bellefeuille for Town		Date of This Filing 09/25/2020	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> Date Stamp RECEIVED SEP 28 2020 TOWN CLERK'S DEPT </div>	CALIFORNIA FCRM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-592-6797	I.D. NUMBER (if applicable) 1431899	Report No. 2		
STREET ADDRESS 1545 Elliott Road		<input type="checkbox"/> 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
2020-09-25	Feather River Construction Paradise, CA 95969	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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

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