

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Martin Devine For Hanfotrd City Council 2024		Date of This Filing <u>9/25/24</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 559-212-8709	I.D. NUMBER (if applicable) 1472849	Report No. _____	RECEIVED CITY OF HANFORD SEP 26 REC'D CITY CLERK	For Official Use Only
STREET ADDRESS 1950 Roland Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hanford	STATE CA	ZIP CODE 93230	No. of Pages _____	

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
08/31/2024	Dave Ayers [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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