

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER  
Committee to Elect Lou Martinez Hanford City Council District D 2022

AREA CODE/PHONE NUMBER

55-509-3774

I.D. NUMBER (if applicable)

88-3830575

STREET ADDRESS

207 E. 5th St.

CITY

Hanford

STATE

CA

ZIP CODE

93230

Date of  
This Filing \_\_\_\_\_

Date Stamp

CALIFORNIA  
FORM

497

For Official Use Only

RECEIVED  
CITY OF HANFORD

SEP 28 2022

CITY CLERK

## 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
9/20/22	Martin Devine [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	General Office Clerk GOCO Consulting	\$1000.00 <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