

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Travis Paden for Hanford City Council District A 2022		Date of This Filing 06/30/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 559-381-3096	I.D. NUMBER (if applicable)	Report No. 1	RECEIVED CITY OF HANFORD JUL 01 2022	For Official Use Only
STREET ADDRESS 2268 N ARBOR AVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY HANFORD	STATE CA	ZIP CODE 93230	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
04/06/2022	RUSHI PANCHAL, D.D.S. A PROFESSIONAL DENTAL CORPORATION [REDACTED] HANFORD, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Travis Paden for Hanford City Council District A 2022		Date of This Filing 06/30/2022	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 559-381-3096	I.D. NUMBER (if applicable)	Report No. 1	For Official Use Only	
STREET ADDRESS 2268 N ARBOR AVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	RECEIVED CITY OF HANFORD JUL 01 2022 CITY CLERK	
CITY Hanford	STATE CA	ZIP CODE 93230	No. of Pages 2	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____