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BY: [illegible]

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Ericka Chiara	Date of This Filing: 9/21/2020	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1	For Official Use Only
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	
CITY: Oakdale / STATE: CA / ZIP CODE: 95361		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
09/21/2020	Roni Roberts Oakdale, CA 95361	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RT Financial	$2000.00 ☐ Check if Loan _____% Provide interest rate
09/21/2020	Larry R. Reis Oakdale, CA 95361	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Reis Rxcare Consulting	$49.00 ☐ Check if Loan _____% Provide interest rate
09/21/2020	Elizabeth J. Reis Oakdale, CA 95361	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker/Retired	$49.00 ☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____