

# 497 24-HOUR CONTRIBUTION REPORT

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER LUBENKO FOR SUPERVISOR 2022			Date of This Filing 4/17/2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1445431		Report No. 2	<b>RECEIVED</b> APR 26 REC'D 2022 AMADOR COUNTY RECORDER/CLERK	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. 000 <small>(explain below)</small>		
CITY FIDDLETOWN	STATE CA	ZIP CODE 95629	No. of Pages 2	Page 1 of 2	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
4/16/2022	Keith Colburn [REDACTED] Redmond, WA 95052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupation: Captain Self-Employed; Business: The Wizard	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (209) 640-2999	<b>I.D. NUMBER (if applicable)</b> 1445431	<b>Report No.</b> <u>2</u>		
<b>STREET ADDRESS</b> <div style="background-color: black; width: 100%; height: 15px;"></div>		<input type="checkbox"/> <b>Amendment to Report No.</b> <u>000</u> <small>(explain below)</small>		
<b>CITY</b> FIDDLETOWN	<b>STATE</b> CA	<b>ZIP CODE</b> 95629	<b>No. of Pages</b> <u>2</u>	Page 2 of 2

## Late Contribution(s) Made

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

Reason for Amendment:

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