

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Oneto for Supervisor 2022

AREA CODE/PHONE NUMBER [REDACTED] I.D. NUMBER (if applicable)
1445158

STREET ADDRESS [REDACTED]

CITY STATE ZIP CODE
Drytown, CA 95699

Date of This Filing *09/02/22*

Report No. *7*

Amendment to Report No. _____ (explain below)

No. of Pages *1*

Date Stamp

RECEIVED
SEP 2 2022

AMADOR COUNTY ELECTIONS

CALIFORNIA FORM **497**

For Official Use Only

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
<i>09/01/22</i>	<i>Brian Oneto David [REDACTED] Drytown, CA 95699</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Self-employed Ranching Brian Oneto Ranch</i>	<i>\$500.00</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % 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

[REDACTED]