

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 <u>9/2/2022</u> | Date Stamp RECEIVED SEP 7 2022 AMADOR COUNTY ELECTIONS Page 1 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1445431 | | Report No. <u>3</u> | | |
| STREET ADDRESS [REDACTED] | | | <input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small> | | |
| CITY FIDDLETOWN | STATE CA | ZIP CODE 95629 | No. of Pages <u>2</u> | | |

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 |
|-----------------------|---|---|---|-----------------|
| 8/18/2022 - 8/18/2022 | Kevin Carter [REDACTED] Sutter Creek, CA 95685 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Occupation: Investment Employer: Night Capital | \$2,000.00 |
| 8/17/2022 - 8/7/2022 | Jon Colburn [REDACTED] Plymouth, CA 95669 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Occupation: Retired Employer: Retired | \$1,200.00 |
| | | <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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| CITY FIDDLETOWN | STATE CA | ZIP CODE 95629 | No. of Pages <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> |
|-----------|---|--|------------------------|--|
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Reason for Amendment:
