

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 9/6/2022	Date Stamp <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em;">SEP 7 2022</div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1445431		Report No. 3		
STREET ADDRESS [REDACTED]			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY FIDDLETOWN	STATE CA	ZIP CODE 95629	No. of Pages 2		
			AMADOR COUNTY ELECTIONS 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
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: Investor 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
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:
Correct contributor information

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			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 (IF APPLICABLE)

Reason for Amendment:
Correct contributor information

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC