

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER LOGAN CARNELL		Date of This Filing 12-29-23	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1465361	Report No. _____	RECEIVED DEC 29 2023	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	AMADOR COUNTY ELECTIONS	
CITY PINE GROVE	STATE CA	ZIP CODE 95665		

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
12-29-23	BOBBI LAUGHTON [REDACTED] JACKSON CA 95642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED LAUGHTON RANCH CATERING	\$2,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12-29-23	JOHN CARNELL [REDACTED] JACKSON CA 95642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED FROM CALTRANS	\$2,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12-29-23	JASON CAZADD [REDACTED] JACKSON CA 95642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED CAZADD EXCAVATION	\$2,000 <input type="checkbox"/> 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: _____