

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Susan Peters			Date of This Filing <u>1/8/24</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable)	Report No. <u>2</u>	RECEIVED JAN 08 2024	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		AMADOR COUNTY ELECTIONS
CITY Sutter Creek	STATE CA	ZIP CODE 95685	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/2/24	Susan Peters [REDACTED] Sutter Creek CA	Susan Peters, District 4 Supervisor	\$1,000	3/5/24

Reason for Amendment: _____