

# 497 Contribution Report

Amounts may be rounded to whole dollars.

9/14/22 KBT 9:41 am

NAME OF FILER Richard Casavecchia for Winters City Council		Date of This Filing 9/14/2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 916-337-1260	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 954 Potter St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Winters	STATE CA	ZIP CODE 95694	No. of Pages 3	

## 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
	See attached report 3 pages total	<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
		<input checked="" 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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER N/A		Date of This Filing <u>9/14/22</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages _____	

## 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)

Reason for Amendment: \_\_\_\_\_

Report Date 9/14/2022

Contribution	Date	Name	Address	Occupation	Contributor Code	Amount	Total
1	8/10/2022	Sandy Vickrey	[REDACTED]	Realtor/Realty World Camelot	IND	\$ 100	\$ 100
2	8/10/2022	David Cushman	[REDACTED]	Retired	IND	\$ 100	\$ 200
3	8/12/2022	Frederick Von Gelden	[REDACTED]	Retired	IND	\$ 100	\$ 300
4	8/12/2022	Ruth Henslee	[REDACTED]	Retired	IND	\$ 200	\$ 500
5	8/15/2022	Richard M Casavecchia	[REDACTED]	Retired	IND	\$ 250	\$ 750
6	8/28/2022	David Denebeim	[REDACTED]	Farmer / Self Employed	IND	\$ 100	\$ 850
7	9/7/2022	Kathy Cowan	[REDACTED]	Retired	IND	\$ 100	\$ 950
8	9/8/2022	Bruce Guelden	[REDACTED]	Retired	IND	\$ 100	\$1,050
9	9/13/2022	Michael Read	[REDACTED]	Sales / Self Employed	IND	\$4,000	\$5,050