

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chuck Reynolds For Mayor 2018		Date of This Filing 10/21/2018	Date Stamp City of Oroville OCT 22 2018 Administration	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1406538	Report No. 5		
STREET ADDRESS 9460 Tegner Road		<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY Hilmar, CA 95324	STATE	ZIP CODE	No. of Pages 1	

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
		<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
2018-10-20	Feather River Aire, Inc. 1650 Feather River Boulevard Oroville, CA 95965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate
2018-10-20	Robert J. Wentz 310 Plumas Drive Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President and CEO Oroville Hospital	1,000.00 <input type="checkbox"/> Check If Loan _____ % Provide Interest Rate

Reason for Amendment: _____

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**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