

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Marc Boomgaarden for Yuba City Council 2022		Date of This Filing 8/11/2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 530-701-1688	I.D. NUMBER (if applicable) 1450592	Report No. 1	<b>CITY CLERK</b> <b>AUG 11 2022</b> <b>YUBA CITY</b>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
8/10/2022	Marc Boomgaarden [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$2,500.00  <input checked="" type="checkbox"/> Check if Loan 0 _____% <small>Provide interest rate</small>
8/10/2022	Harter Packing Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
8/10/2022	Didar Singh Bains [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1,000.00  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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 Marc Boomgaarden for Yuba City Council 2022		Date of This Filing 8/11/2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 530-701-1688	I.D. NUMBER (if applicable) 1450592	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2	

## 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
8/10/2022	Karmdeep & Harpreet Bains [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming	\$1,000.00  <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 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 _____ AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
--------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------	------------------	-----------------------------------------------------

## 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: \_\_\_\_\_  
 \_\_\_\_\_