NAME OF FILER	CINIA EOD VII IDA CITI	W CONTRICUT DYSTERVOTT 4 0000	Date of 1	1/3/2022	Date Stamp	CALIF	ORNIA 407
BRENDON MESSINA FOR YUBA CITY AREA CODE/PHONE NUMBER 530-713-3037 STREET ADDRESS		I.D. NUMBER (# applicable) 1451709	Report No Amendment to Report No (explain below) No. of Pages		CITY CLERK NOV 0 4 2022 YUBA CITY	FORM 497 For Official Use Only	
1. Contribution	n(s) Received						
DATE RECEIVED	FULL NA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)					AMOUNT RECEIVED
10/9	JB Best WHole Sale INC			IND COM OTH PTY SCC			2000 Check if Loan Provide interest rate
				IND COM OTH PTY SCC			Check if Loan
				IND COM OTH PTY SCC			Check if Loan
Reason for Amend	ment:				* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	ness entity)	