

497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER Matthew Swanson		Date of This Filing 10/23/2014	Date Stamp OCT 23 2014 Office of the City Clerk	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209-667-2708	I.D. NUMBER (if applicable) 1330525	Report No. 2		
STREET ADDRESS PO Box 2367		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Turlock	STATE CA			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/23/14	William Dehart for Turlock City Council 4123 St. George Place Turlock, CA 95382 ID # 1368207	William Dehart Turlock City Council	1,000	11/4/2014

Reason for Amendment: _____