

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bill Kearney for District 5 Supervisor 2020		Date of This Filing 12/29/19	Date Stamp RECEIVED DEC 30 2019 LAKE COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-349-2922	I.D. NUMBER (if applicable) 1423079	Report No. 002		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lakeport	STATE CA	ZIP CODE 95453	No. of Pages 1	

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
12/28/19	LYNN M. COREY [REDACTED] Kelseyville, CA 95451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GGG Incorporated Financial Officer	\$ 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/28/19	Douglas V. Patten [REDACTED] Lakeport, CA 95453	<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 _____% 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