497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ASHBECK FOR CLOVIS CITY COUNCIL 2021		Date of This Filing	2-29-2020	Date Stamp CALIFORNIA FORM		
area code/phone number 559-299-1125	IUMBER (if applicable) 123-1797			Received		Official Use Only
STREET ADDRESS 1990 SHAW AVENUE, SUITE A CITY STATE ZIP CODE CLOVIS CA 93611		Amendme to Report No. (explain below) No. of Pages	1	DEC 2 9 2020 ADMN/CITYMGR		
1. Contribution(s) Received						
DATE FULL NAME RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			The state of the s		AMOUNT RECEIVED
Johnny Quik Food St	ore #201		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			3,500.00 Check if Loan Provide interest rate
S Sanders Sales & Lea	ising Inc		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			2,500.00 Check if Loan Provide interest rate
			IND COM OTH PTY SCC			☐ Check if Loan % Provide interest rate
Reason for Amendment:				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	