497 Contribution Report

Amounts may be rounded to whole dollars.

								497 C	NTRIBU	TION REPORT
NAME OF FILER				Date of		Date Stamp		CALIFORNIA 497		
Vong Mouanoutoua for Clovis City Council 2021			This Filing12/22/2020				FORIVI			
			NUMBER (if applicable)		Report No. 122220-1		Received		For Official Use Only	
(559)321-1527 1392949 STREET ADDRESS 3046 San Gabriel Ave										
			Amendment to Report No.		DEC 2 2 2020					
CITY		STATE	ZIP CODE	(explain below)		ADMN/CITYMGR				
Clovis		CA	93619	No. of Pages	2					i
1. Contributio	n(s) Received									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				MOUNT CEIVED
12/21/2020	Beal Developments I	LC			☐ IND					2,500.00
					СОМ					
					X OTH ☐ PTY				☐ Che	ck if Loan
					□ scc				Provide	% interest rate
12/21/2020	Hedrick's Chevrolet				☐ IND					1,000.00
					☐ COM ☒ OTH				☐ Che	ck if Loan
					☐ PTY ☐ SCC					%
12/21/2020	Richard F. Spencer								Provide	interest rate
12/21/2020	Richard F. Spencer					Owner Spencer Enter	prises			5,000.00
					☐ OTH ☐ PTY				☐ Che	ck if Loan
					□ scc				Provide	interest rate
						IND I COM OTH	ibutor Codes ndividual - Recipient Con · Other (e.g., b			Y or SCC)
Reason for Amendm			PTY – Political Party SCC – Small Contributor Committee							

497 Contribution Report

Amounts may be rounded to whole dollars.

					497 C	ONTRIBUTION REPORT	
NAME OF FILER		Date of		Date Stamp	CALIFORNIA 497		
Vong Mouanoutoua for	Clovis City Council 2021	This Filing	12/22/2020	Done			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			0000 1	Received	For Official Use Only		
(559)321-1527	1392949	Report No. 1		DEC 2 2 2020			
STREET ADDRESS	☐ Amendme		DL1. 2 2 2020				
3046 San Gabriel Ave		to Report No.		ADMN/CITYMGR			
CITY	STATE ZIP CODE	(explain below)					
Clovis	CA 93619	No. of Pages	2				
1. Contribution(s)	Received	•	***************************************				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
12/21/2020 WCP	Developers LLC		□ IND □ COM □ PTY □ SCC □ IND □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC			4,700.00 Check if Loan Provide interest rate Check if Loan Provide interest rate	
Reason for Amendment:				*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., b PTY – Political Party SCC – Small Contrib	ousiness enti	er than PTY or SCC)	