# 497 Contribution Report

#### Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Vong Mouanoutoua for Clovis City Council 2021			Date of This Filing01/02/2021		Date Stamp	CALIFORNIA 497			
AREA CODE/PHONE N (559) 321-1527	UMBER	I.D. NUMBER (if applicable	<del>)</del>	Report No. 010221-1		Received	For	For Official Use Only	
STREET ADDRESS 3046 San Gabriel Ave			☐ Amendment to Report No		JAN 0 2 2021				
CITY		STATE	ZIP CODE	(explain below)		ADMN/CITYMGR			
Clovis		CA	93619	No. of Pages3					
1. Contribution	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
12/31/2020	Assemi Group Inc				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			5,000.00  Check if Loan  **  Provide interest rate	
12/31/2020	Encanto 6176 LLC				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00  Check if Loan  **Provide interest rate**	
12/31/2020	Penncal Properties	, LLC			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00  Check if Loan  **  Provide interest rate	
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness ent	ity)	

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AREA CODE/PHONE NUMBER	R	I.D. NUMBER (if applicable)	e)	Report No. 010221-1			For	Official Use Only
STREET ADDRESS  3046 San Gabriel Ave			Amendment					
CITY		STATE	ZIP CODE	(explain below)  No. of Pages3				
1. Contribution(s	s) Received	CA	93619					
DATE		STREET ADDRESS AN	ID ZIP CODE OF CONTRIBU	TOR	CONTRIBUTOR	IF AN INDIVIDUAL,		AMOUNT
RECEIVED	TOLL NAME	(IF COMMITTEE, ALSO	ENTER I.D. NUMBER)	TOR	CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		RECEIVED
12/31/2020 Ran	ncho Vista 6161,	ГЪ			☐ IND			1,000.00
					▼ OTH □ PTY □ SCC			Check if Loan  ———————————————————————————————————
12/31/2020 Ray	re Earth Coffee				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00
12/31/2020 Sto	one Valley Commun	nities, LLC			□ IND			Provide interest rate 1,000.00
					COM OTH PTY			☐ Check if Loan
					□ scc	v kih <sup>et</sup> lawes		Provide interest rate
Reason for Amendmen	t:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., t PTY – Political Party SCC – Small Contribu	ousiness ent	ity)

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497 CONTRIBUTION REPORT

NAME OF FILER			Date of	0.5 / 0.0 / 0.0 0.5	Date Stamp	CALIFO	CALIFORNIA 497	
Vong Mouanoutoua for Clovis City Council 2021  AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)			This Filing01/02/2021			FORM 431 For Official Use Only		
(559)321-1527	1392949		Report No. 010221-1				1 of Official Ode Offig	
STREET ADDRESS			☐ Amendme	m4				
3046 San Gabriel Ave				·				
CITY	STATE	ZIP CODE	(explain below)  No. of Pages 3					
Clovis	CA	93619						
1. Contribution(s) Received								
DATE FULL RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
12/31/2020 Trivalley Devel	opment Group LLC			☐ IND ☐ COM			1,000.00	
				▼ OTH □ PTY □ SCC			Check if Loan  ———————————————————————————————————	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ 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 Co OTH – Other (e.g., PTY – Political Party SCC – Small Contrib	business ent		