

# 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 Filing 03/02/2021	Date Stamp  <b>Received</b>  <b>MAR 02 2021</b>  <b>ADMN/CITYMGR</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1392949	Report No. 3/2/21-1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		
		No. of Pages 1		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (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
03/02/2021	Century Communities, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
03/02/2021	Clovis POA [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
03/02/2021	Precision Civil Engineering Inc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <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