

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Gary Soiseth		Date of This Filing 9/27/18	Date Stamp RECEIVED SEP 27 2018 City of Turlock Administrative Services	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1365658	Report No. _____		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 7 <small>(explain below)</small>		
CITY Turlock	STATE CA	ZIP CODE 95380		

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
9/18/18	Claims Eval Inc Granite Bay, CA 95746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/18/18	Darrin Lim Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Lawyer	1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

Occupation/employer was not included on original form.

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