497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: KELLY HIGGINS	Date of This Filing: 10/19/2022	Date Stamp: RECEIVED OCT 20 2022 Office of the City Clerk	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1453117	Report No.: 4	For Official Use Only
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)	
CITY: TURLOCK	STATE: CA ZIP CODE: 95382	No. of Pages: _____	

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
10/18/2022	TURLOCK ASSOCIATED POLICE OFFICERS	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00 ☐ Check if Loan _____% Provide interest rate
10/18/2022	HARRY AND SANDRA BOUCHER	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$200.00 ☐ 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 Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee