

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER McShane for Supervisor 2020		Date of This Filing <u>10/15/2020</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 10/15/2020 07:13:46 Filing ID: 193544533 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (831) 422-6261	I.D. NUMBER (if applicable) 1415578	Report No. <u>LATE-20201014</u>		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Salinas	STATE CA	ZIP CODE 93901	No. of Pages <u>1</u>	

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
10/14/2020	Wassim Eichaarani Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Officer Salinas Petroleum	2,000.00
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

*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

Reason for Amendment: _____