

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Gina Dockstader, 2022 IID Director Div. 3 AREA CODE/PHONE NUMBER [REDACTED] STREET ADDRESS 5 [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]	Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED OCT 05 2022 By _____ </div>	CALIFORNIA FORM 497 For Official Use Only Date of This Filing: 10/4/2022 Report No.: _____ <input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages: 1
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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
10/4/2022	Republican Party of Imperial County 2307 E. Hwy. 98 Holtville, CA. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan _____ % Provide interest rate	<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	<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: Campaign received \$1,000.00 contribution