

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Gina Dockstader 2022 IID Director Div. 3 I.D. NUMBER (if applicable) 1445519 STREET ADDRESS CITY STATE ZIP CODE	Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center; color: red; font-weight: bold;"> RECEIVED AUG 19 2022 </div> Date of This Filing: 8/19/2022 Report No.: _____ <input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages: 1
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CALIFORNIA FORM 497

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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
8/19/2022	Rothfleisch Ranches, Inc. 4696 Old Hwy 111 Brawley, CA. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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"/> 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: Campaign received a contribution of \$1,000.00