

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 I.D. NUMBER (if applicable) 1445519 STREET ADDRESS CITY STATE ZIP CODE	Date Stamp <div style="border: 2px solid blue; padding: 5px; display: inline-block; transform: rotate(-2deg);"> RECEIVED AUG 04 2022 </div>
Date of This Filing 8/4/2022 Report No. Amendment to Report No. (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only

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
8/4/2022	Clayton's Inc. 1619 River Drive Brawley, CA. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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 contribution of \$1,000.00