

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

SoS  
FAX: (916) 653-5045

497 CONTRIBUTION REPORT

NAME OF FILER No on Measure S Committee		Date of This Filing 10/21/2014	CITY OF YUBA 2014 OCT 27 P 3:20 RECEIVED CITY CLERKS OFFICE	CALIFORNIA FORM 497 Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1370783	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

## 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
10/17/2014	Previously reported on form 460 through 10/18/14:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Desert Drugs	\$5,000  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/2014	Desert Drugs - Moazzem Chowdhury	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Desert Drugs	\$2,000  <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

Reason for Amendment: Additional contribution on 10/21/14.

**\*\*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