

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tina Scott for District 4 Supervisor, 2020		Date of This Filing 01/14/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 849-4414	I.D. NUMBER (if applicable) 1422838	Report No. 01	RECEIVED JAN 14 2020 LAKE COUNTY REGISTRAR OF VOTERS	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below) 1	No. of Pages 1	
CITY Lakeport	STATE CA	ZIP CODE 95453		

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
01/13/2020	Laurie Dohring [REDACTED] Kelseyville, CA 95451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Community Outreach abcmouse.com	\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/03/2019	Douglas Scott [REDACTED] Lakeport, CA 95453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Engineer L-3 Harris	\$2,300 <input checked="" type="checkbox"/> Check if Loan 0 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

Reason for Amendment: _____

* 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