

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Jewel Hurtado for Kingsburg City Council <b>AREA CODE/PHONE NUMBER</b> [REDACTED] <b>I.D. NUMBER (if applicable)</b> 1407201 <b>STREET ADDRESS</b> [REDACTED] Kingsburg Ca 93631 <b>CITY</b> STATE ZIP CODE	<b>Date of This Filing</b> 9/17/2018 <b>Report No.</b> 1 <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) <b>No. of Pages</b> 2	<b>Date Stamp</b>  ENT'D SEP 17 2018	<b>CALIFORNIA FORM 497</b> For Official Use Only
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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
9/17/18	DR Joaquin Arambula For Assembly 2018 ID# 139311 [REDACTED ADDRESS]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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
		<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: Received check for \$1,000  
on 9/17/2018

**\*\*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

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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> <i>1407261</i>	<b>Report No.</b> _____		
<b>STREET ADDRESS</b> <i>Kingsburg Ca.</i>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> <i>Kingsburg Ca.</i>	<b>STATE</b> <i>Ca.</i>	<b>ZIP CODE</b> <i>93631</i>	<b>No. of Pages</b> _____	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
<i>0</i>	<i>N/A</i>			

Reason for Amendment: \_\_\_\_\_