497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER			
Holman for Stockton City Council -2014			
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		
209 473-2533	1321383		
STREET ADDRESS			
5831 Silveroak Circle			
CITY	STATE	ZIP CODE	
Stockton	CA	95219	

Date of This Filing 8/6/2014

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp

RECEIVED
AUG - 7 2014
CITY CLERK
CITY OF STOCKTON

CALIFORNIA FORM **497**

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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
8/6/2014	Armoto Partners, LLC Holman Investors, LLC 3400 E. Eight Mile Road, Ste. A Stockton, CA 95212	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 1,000.00 ☐ Check if Loan _____% Provide interest rate
8/6/2014	Golden Bear Insurance Company 709 N. Center St. P.O. Box 271 Stockton, CA 95201	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____