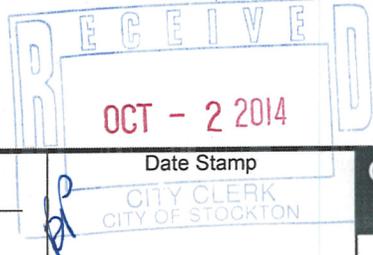


497 Contribution Report

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



497 CONTRIBUTION REPORT

NAME OF FILER Holman for Stockton City Council -2014			Date of This Filing 10/2/2014	Date Stamp CITY CLERK CITY OF STOCKTON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209 473-2533	I.D. NUMBER (if applicable) 1321383		Report No. 4		
STREET ADDRESS 5831 Silveroak Circle			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Stockton	STATE CA	ZIP CODE 95219	No. of Pages 1		

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
10/2/2014	Central Valley Leadership Fund PO Box 4105 Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00 <input type="checkbox"/> Check if Loan _____% <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>
		<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>

****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: _____