

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mary Viegas for Supervisor Dist 3 2024			Date of This Filing <u>04/22/2024</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 865-4837	I.D. NUMBER (if applicable) 1465307		Report No. _____	FILED SENDY PEREZ, COUNTY CLERK	
STREET ADDRESS 6239 County Rd 14			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	APR 22 2024	
CITY Orland	STATE CA	ZIP CODE 95964		No. of Pages <u>2</u>	BY- [REDACTED] DEPUTY

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
11/29/23	Mary and John Viegas [REDACTED] Orland, CA 95963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00 <input checked="" type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/27/23	Mary and John Viegas [REDACTED] Orland, CA 95963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00 <input checked="" type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
1/8/24	Mary and John Viegas [REDACTED] Orland, CA 95963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00 <input checked="" 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

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR 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>
1/17/24	Rudolph Jenkins ██████████ Willows, CA 95988	Mary Viegas for Supervisor Dist 3	100.00	March 5 2024
2/16/24	James J. Looram ██████████ Omaha, NE 68116	Mary Viegas for Supervisor Dist 3	200.00	March 5, 2024

Reason for Amendment: _____