497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dennis Thomas			Date of This Filing	09/19/2022	_	Date Stamp RECEIVED	CALIFORNIA FORM	497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 1453841)	Report No.	1 0	ITY (LERK/HUMAN RESOURCES	For Official Us	se Only
STREET ADDRESS			Amendn to Report N	lo	_ (SEP 19 2022		
CITY Placerville	STATE CA	ZIP CODE 95667	(explain below) No. of Pages	· 1	1p	101 CENTER STREET ACERVILLE, CA 95667		

1. Contribution(s) Received

Reason for Amendment:

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
09/18/2022	Jeffery Thompson	 ✓ IND COM OTH PTY SCC 	Self Pres, Thompson Group	3000.00 ☐ Check if Loan % Provide interest rate
		IND COM OTH PTY SCC		☐ Check if Loan % Provide interest rate
		IND COM OTH PTY SCC		☐ Check if Loan % Provide interest rate
	6	•	* 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