

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>CITIZENS FOR YES ON MEASURE B</b>			Date of This Filing <u>09/30/2014</u>	RECEIVED	<b>CALIFORNIA FORM 497</b>	
AREA CODE/PHONE NUMBER <b>209-998-2240</b>	I.D. NUMBER (if applicable) <b>1368436</b>		Report No. <u>2</u>		OCT 1 2014	For Official Use Only
STREET ADDRESS <b>701 E. CANAL DRIVE</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		Office of the City Clerk	
CITY <b>TURLOCK</b>	STATE <b>CA</b>	ZIP CODE <b>95380</b>	No. of Pages <u>1</u>			

## 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
09/30/2014	SAMRAN & SONS FARMING CO. INC. 2040 E. MONTE VISTA AVE DENAIR, CA 95316	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <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: \_\_\_\_\_

**\*\*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

REP. CO. 7114 11:07AM DISTRICT CO. TURLOCK 1001101 0667 2990 F. 7