497 (	Con	tribu	tion	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER Greg Raths		Date of This Filling 10/10/2022	Date Stamp Received	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1405057	Report No.	OCT 10 2022	For Official Use Only
STREET ADDRESS		Amendment to Report No.	City Clerk	
CITY	STATE ZIP CODE	(explain below)  No. of Pages1		
1. Contribution(s) Received				

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/06/2022	Patrick Mahoney	IND COM OTH PTY SCC	Owner West Coast Arborist	1000.00  Check if Loan  Provide interest rate
10/06/2022	Dennis Cardwell	IND COM OTH PTY SCC	Owner Champion Framing	1000.00  Check if Loan  Provide interest rate
		IND COM OTH PTY SCC		Check if Loan

Reason for Amendment: On my original filing I left out occupation and employer for Patrick Mahoney and Dennis Co

\* 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