

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Colleen Corners		DATE Stamp RECEIVED SEP 23 2024 TOWN CLERKS DEPT		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 530-514-7887		ID. NUMBER (if applicable) [REDACTED]		[REDACTED]	
STREET ADDRESS [REDACTED]		STATE CA		ZIP CODE 95969	
CITY Paradise		STATE CA		ZIP CODE 95969	

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
09/21/2024	Colleen Corners Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Corners Consulting	\$1,034.55 <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: _____%

****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: _____