

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tina Scott for District 4 Supervisor, 2020		Date of This Filing 02/24/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 849-4414	I.D. NUMBER (if applicable) 1422838	Report No. 4	RECEIVED AND FILED	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)	FEB 24 2020	
CITY Lakeport	STATE CA	ZIP CODE 95453	IN THE OFFICE OF THE LAKE COUNTY REGISTRAR OF VOTERS	
		No. of Pages 1		

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
02/22/2020	DRIVE Committee- FEC # C00032979 [REDACTED] Washington, DC 20001-2198 A Multit-Candidate Committee	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <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