

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Kent C. Nate

AREA CODE/PHONE NUMBER: [REDACTED] I.D. NUMBER (if applicable): [REDACTED]

STREET ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

Date of This Filing: 8/28/2020

Report No.: 1

Amendment to Report No. (explain below)

No. of Pages: 1

Date Stamp

RECEIVED

AUG 28 2020

BY: *Julie Christel*

CALIFORNIA FORM **497**

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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 |
|---------------|--|---|--|---|
| 8/28/2020 | Kent O. Nate; [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Financial Officer; Bonneville International | \$1,173.23 <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