

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Evan Adams for Foster City Council 2022			Date of This Filing 10/10/2022	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1450527		Report No. 4	RECEIVED	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2022 OCT 10 P 4: 35	
CITY Foster City	STATE CA	ZIP CODE 94404	No. of Pages 1	CITY OF FOSTER CITY COMMUNICATIONS/ CITY CLERK	

## 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
10/8/2022	Northern California Carpenters Regional Council [REDACTED] Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/10/2022	Evan Adams [REDACTED] Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Western Floor Service	\$6,000  <input checked="" type="checkbox"/> Check if Loan 0_____% 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: \_\_\_\_\_