

97 Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing <u>5/6/2014</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
FEA CODE/PHONE NUMBER 707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. <u>4</u>	RECEIVED	
STREET ADDRESS 1607 H Street		<input checked="" type="checkbox"/> Amendment to Report No. <u>3</u> (explain below)	MAY - 6 2014	
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>2</u>	HUMBOLDT COUNTY ELECTIONS

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
5/2/2014	Judith Stoffer 2424 Frank Street Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1179 <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: Contributions were received on two (2) separate days and require two (2) separate reports.

**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

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NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing 5/6/2014	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. 4	RECEIVED	
STREET ADDRESS 1607 H Street		<input checked="" type="checkbox"/> Amendment to Report No. 3 (explain below)	MAY - 6 2014	
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages 2	HUMBOLDT COUNTY ELECTIONS

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
4/27/2014	William Pierson 950 Freshwater Road Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Pierson's Bldg. Center	\$1000 <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

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NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing 4/11/2014	Date Stamp <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> APR 14 2014 HUMBOLDT COUNTY ELECTIONS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. 2		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	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
4/11/2014	Jonathan Flyer 375 Ole Hansen Road Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher Flyer Ranch	1000.00 <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: _____

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NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing <u>4/11/2014</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. <u>2</u>		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Maggie Fleming for District Attorney 2014			Date of This Filing <u>4/8/2014</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div> <p style="margin: 0;">For Official Use Only</p>
AREA CODE/PHONE NUMBER 707986-8518	I.D. NUMBER (if applicable) 1362721		Report No. _____	RECEIVED	
STREET ADDRESS 2607 H Street			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	APR - 8 2014	
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>1</u>	HUMBOLDT COUNTY ELECTIONS	

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
4/2/2014	Humboldt Deputy Sheriff's Organization 826 4th Street Eureka, CA 95501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00 <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: _____

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NAME OF FILER Maggie Fleming for District Attorney 2014			Date of This Filing <u>4/82014</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 707986-8518	I.D. NUMBER (if applicable) 1362721		Report No. _____		
STREET ADDRESS 2607 H Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		For Official Use Only
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing <u>5/5/2014</u>	Date Stamp <div style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</div> MAY - 5 2014 HUMBOLDT COUNTY ELECTIONS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. <u>3</u>		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>1</u>	

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
4/27/2014	William Pierson 950 Freshwater Road Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Pierson's Bldg. Center	\$1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
5/2/2014	Judith Stoffer 2424 Frank Streete Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1179 <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>

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NAME OF FILER Jaggye Fleming for District Attorney 2014		Date of This Filing <u>5/6/2014</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. <u>5</u>	RECEIVED MAY - 6 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS 1607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>1</u>	

. 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
5/6/2014	Kathleen Bryson 732 5th Street Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Office of Kathleen Bryson	\$1400 <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

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NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing <u>5/19/2014</u>	Date Stamp <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED MAY 19 2014 HUMBOLDT COUNTY ELECTIONS </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. <u>7</u>		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages <u>2</u>	

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
5/17/2014	Kathleen Bryson 732 5th Street Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Office of Kathleen Bryson	1350 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
5/17/2014	Bret Harvey 1700 Bayview Ave. Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist Redwood Sciences Lab	2195 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
5/17/2014	Ruth Harvey 1760 Heartwood Drive McKinleyville, CA 95519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1080 <input type="checkbox"/> Check if Loan _____% Provide Interest rate

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NAME OF FILER Maggie Fleming for District Attorney 2014		Date of This Filing 5/13/2014	Date Stamp RECEIVED MAY 13 2014 HUMBOLDT COUNTY ELECTIONS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. 6		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages 1	

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5/12/2014	Ruth L. Harvey 1760 Heartwood Drive McKinleyville, CA 95519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1200 <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
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AREA CODE/PHONE NUMBER (707) 986-8518	I.D. NUMBER (if applicable) 1362721	Report No. 7		
STREET ADDRESS 2607 H Street		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Eureka	STATE CA	ZIP CODE 95501	No. of Pages 2 of 2	

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5/17/2014	Judith Stoffer 2424 Frank Street Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1545 <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

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