497 Contribution Report

Amounts may be rounded to whole dollars.

			497 C	ONTRIBUTION REPORT
NAME OF FILER Pulipati for City Council 2024		08/20/2024	Date Stamp CALIFORNIA 497	
I.D. NUMBER (if applicable) 1424619 STATE ZIP CODE CA 95742	Report No. 2 Amendment to Report No. (explain below)	ent 	INCUE VEL	Official Use Only
n(s) Received				
FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
Medvision, Inc. 8795 Folsom Blvd., Ste. 205 Sacramento, CA 95826		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2,500.00 Check if Loan Provide interest rate
Meditab Software, Inc. 8795 Folsom Blvd., Ste. 205 Sacramento, CA 95826		☐ IND☐ COM ⑤ OTH☐ PTY☐ SCC	ox.	2,500.00 Check if Loan Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
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	I.D. NUMBER (if applicable) 1424619 STATE ZIP CODE CA 95742 I(S) Received FULL NAME, STREET ADDRESS AND ZIP CODE OF (IFCOMMITTEE, ALSOENTERLD. NUMBER) Medvision, Inc. 8795 Folsom Blvd., Ste. 205 Sacramento, CA 95826 Meditab Software, Inc. 8795 Folsom Blvd., Ste. 205	Meditab Software, Inc. 8795 Folsom Blvd., Ste. 205 I.D. NUMBER (if applicable) Report No. 2 Amendment to Report No. (explain below) No. of Pages Report No. 2 Amendment to Report No. (explain below) No. of Pages No. of Pages Report No. 2 Amendment to Report No. (explain below) No. of Pages No. of Pages No. of Pages	This Filing	Date of This Filling 08/20/2024 RECEIVED FOR AUG 2 0 2024 Report No. 2024-1 Report No. 2024-1 Report No. 0 Report No