497 Contribution Report

NAME OF FILER

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER				Date of		Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER STREET ADDRESS CITY Sacramento		I.D. NUMBER (if applicable 1469029 STATE CA	ZIP CODE 95841	This Filing Report No. 10 Amendme to Report No. (explain below) No. of Pages	nt 	OCT 0 2 2024 City of Rancho Cordov Office of the City Cler		fficial Use Only
1. Contribution	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/01/2024	Northern California 428 J Street, Ste 4 Sacramento, CA 9581 Committee ID # 9721	12 4	nal Council		☐ IND☐ COM☐ OTH☐ PTY SCC			1,000.00 Check if Loan ** Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan % Provide interest rate
Reason for Amend	lment:					*Contributor Codes IND – Individual COM – Recipient Comr OTH – Other (e.g., bus PTY – Political Party SCC – Small Contributo	siness entity)	1