

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Re-Elect Mayor Steve Ly 2020			<b>Date of This Filing</b> <u>10/07/2020</u>	Date Stamp  <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b>                      For Official Use Only                       CITY CLERK'S OFFICE                      OCT 07 2020 PM 03:14                 </div>
<b>AREA CODE/PHONE NUMBER</b> (916) 285-5733	<b>I.D. NUMBER (if applicable)</b> 1387325		<b>Report No.</b> <u>684937-KE</u>	
<b>STREET ADDRESS</b> 1787 Tribute Road, Suite K			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95815	<b>No. of Pages</b> <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
10/06/2020	Plumbers & Pipefitters Local 447 Federal PAC 5841 Newman Court Sacramento, CA 95819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00  <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

\*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: \_\_\_\_\_  
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