

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Maureen Craft for Elk Grove City Council 2020			Date of This Filing <u>10/16/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE OCT 19 2020 AM 08:27
AREA CODE/PHONE NUMBER <u>(916) 796-2900</u>	I.D. NUMBER (if applicable) <u>1418422</u>		Report No. <u>684956-KE</u>		
STREET ADDRESS <u>9630 Bruceville Road, Suite 106-282</u>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Elk Grove</u>	STATE <u>CA</u>	ZIP CODE <u>95757</u>	No. of Pages <u>1</u>		

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
10/15/2020	California Conference Board Amalgamated Transit Union 1744 N. Main Street Los Angeles, CA 90031 Committee ID # 761357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00 <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: _____