

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Re-Elect Darren Suen for City Council 2020		Date of This Filing <u>08/31/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE AUG 31 2020 AM 11:48
AREA CODE/PHONE NUMBER <u>(916) 348-9100</u>	I.D. NUMBER (if applicable) <u>1376191</u>	Report No. <u>08312020-1</u>		
STREET ADDRESS <u>5429 Madison Avenue</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95841</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
08/31/2020	Rental Housing Assoc. of Sacramento Valley California Apartment Assoc. PAC 980 Ninth Street, Suite 1430 Sacramento, CA 95814 Committee ID # 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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: _____
