

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Alejandro Gutierrez-Duncan		Date of This Filing 09/12/20	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE SEP 14 2020 AM 11:08
AREA CODE/PHONE NUMBER (916) 755-6157	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 8735 White Peacock Way		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Elk Grove	STATE CA	ZIP CODE 95624	No. of Pages 1	

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
09/10/20	Christine Green. Leadership for Educational Equity. 25 Broadway, 12th Floor. New York, NY. 10004	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-profit. Leadership for Educational Equity	1000 <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

Reason for Amendment: _____

* 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