## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Bobbie Singh-Allen for Mayor 2020		Date of This Filing	08/12/2020	Date Stamp	CALIFORNIA 497 FORM For Official Use Only	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 08122020-1				
(916) 348-9100 STREET ADDRESS 5429 Madison Avenue		Amendment			CITY CLERK'S OFFICE	
CITY	STATE ZIP CODE	(explain below)  No. of Pages1		AUG :		ULERA 5 UFFICE 12 2020 PHO1:41
1. Contribution(s)	Received 95841	, ,				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
	or Grewal	· c	IND COM OTH PTY SCC	Executive BCG		5,000.00  Check if Loan  Provide interest rate
٠			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan  ———————————————————————————————————
	9 *		IND   COM   OTH   PTY   SCC			Check if Loan  **  **Provide interest rate*
Reason for Amendment:	S#1			*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness ent	ity)