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 Filing09/14/2020		Date Stamp	CALIFO	CALIFORNIA 497	
							FORM 49/		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable))	Report No. 09142020-2			For Official Use Only			
(916) 348-9100 1429346									
STREET ADDRESS				Amendment to Report No.			CITY CLERK'S OFFICE SEP 15 2020 ANDS: L		
5429 Madison Avenue									
CITY		STATE ZIP CODE		(explain below)				10 ZVZV HMVIII LA	
Sacramento CA 95841				No. of Pages1					
1. Contribution	on(s) Received							-	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/11/2020	California Lodging Industry Association PAC 1017 L Street, Ste 257 Sacramento, CA 95814 Committee ID # 810819				☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			1,800.00	
1								Provide interest rate	
09/14/2020	Jim Cooper for Assembly 2020 1787 Tribute Rd, Ste K Sacramento, CA 95815 Committee ID # 1414095				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			2,500.00 Check if Loan Provide interest rate	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan ———————————————————————————————————	
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Coort – Other (e.g., PTY – Political Part SCC – Small Contrib	ommittee (oth business en		