497 Contribi	ution Report		Amounts ma	y be rounded to wi	nole dollars.		497 CC	ONTRIBUTION REPO	RT
NAME OF FILER  Bobbie Singh-Allen for Mayor 2020				Date of This Filing 10/14/2020		Date Stamp	CALIFO	CALIFORNIA 497	
						FC		M 431	
AREA CODE/PHONE NUMBER  (916) 348-9100		I.D. NUMBER (if applicable)		Report No. 10142020~1			For Official Use Only		
STREET ADDRESS				1					
5429 Madison A	venue			to Report No					
CITY STATE ZIP CODE		ZIP CODE	(explain below)		amme ammental mineral		-1:020 and 1:55		
Sacramento	CA 95841		95841	No. of Pages1			av. z intrance		2
1. Contributi	on(s) Received								
DATE RECEIVED	FULL NAMI	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		UTOR CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
10/13/2020	Kenneth H Cheung Elk Grove, CA 95757	7				Doctor Dignity Health		1,300.	%
					_			Provide interest rat	_
10/13/2020	Law Office of Jasp 44808 S Grimmer Blv Fremont, CA 94538	reet Singh P.A. vd			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			5,000.	%
					☐ IND				

Reason for Amendment:			

\*Contributor Codes

IND - Individual

□ OTH

☐ PTY □ scc

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

☐ Check if Loan

Provide interest rate