497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Bobbie Singh-Allen for Mayor 2024			Date of This Filing	09/24/2024	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (916) 348-9100 1456692		Report No. 09	242024-1		For Official Use Only CITY CLERK'S OFFICE SEP 25 2024 AM07:54		
STREET ADDRESS 5445 Madison Avenue			☐ Amendme			nt	
CITY	STATE ZIP CODE mento CA 95841		(explain below) No. of Pages1				
	on(s) Received	, J.					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIV		
09/23/2024	California Apartme 455 Capitol Mall, Sacramento, CA 958 Committee ID # 745	nt Association PAC Suite 600 14 208	a e	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	T	2,500.00 Check if Loan Provide interest rate	
		8		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	:9 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Check if Loan % Provide interest rate	
		=		☐ IND☐ COM☐ OTH☐ PTY☐ SCC	e e	☐ Check if Loan	
Reason for Amer	ndment:	E 2			*Contributor Codes IND – Individual COM – Recipient CommoTH – Other (e.g., but PTY – Political Party SCC – Small Contributor		