## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Bobbie Singh-Allen for Mayor 2024				Date of		Date Stamp	CALIFORNIA 497 FORM For Official Use Only	
AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)  (916) 348-9100   1456692			2 11					
(916) 348-9100 STREET ADDRESS		1456692						
5445 Madison Avenue				Amendment to Report No.			CITY CLERK'S OFFICE OCT 29 2024 PM08:29	
CITY	STATE ZIP CODE			(explain below)		UGI		23 ZUZ4 PMU8:29
Sacramento		CA 95841		No. of Pages1				
1. Contributio	n(s) Received				1		V	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/28/2024	Golden Star Transpo 7529 Reese Rd Sacramento, CA 9582		**		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	c .	ı	2,500.00  Check if Loan  Provide interest rate
10/28/2024	South Sac Motor Sal 7609 Wilbur Way Sacramento, CA 9582				☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	= -		1,100.00  Check if Loan  **  Provide interest rate
			TI P	ii.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan  ""  Provide interest rate
Reason for Amend	Iment:	= =	o x	::		*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., PTY – Political Party SCC – Small Contrib	business ent	