# 497 Contribution Report

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 497**

| NAME OF FILER | | |
|---|---|---|
| Citrus Heights Residents for a Better Community | | |

| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) |
|---|---|
| ▮ | 1431501 |

| STREET ADDRESS |
|---|
| ▮ |

| CITY | STATE | ZIP CODE |
|---|---|---|
| Fair oaks | CA | 95628 |

Date of This Filing 10/13/2020

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 2

Date Stamp

RECEIVED OCT 14 2020

By _____

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## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 10/13/2020 | The Sanctuary, ▮ Sacramento, CA 95838 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | $8,500 ☐ Check if Loan _____% Provide interest rate |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | ☐ Check if Loan _____% Provide interest rate |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | ☐ Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

* Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Amounts may be rounded to whole dollars.

| | |
|---|---|
| NAME OF FILER<br>*Citrus Heights Residents for a Better Community* | Date of This Filing 10/13/20 |

| AREA CODE/PHONE NUMBER | I.D. NUMBER *(if applicable)*<br>1431501 | Report No. 1 |
|---|---|---|

| STREET ADDRESS | ☐ Amendment to Report No. _____<br>(explain below) |
|---|---|

| CITY<br>*Fair oaks* | STATE<br>*CA* | ZIP CODE<br>*95628* | No. of Pages 2 |
|---|---|---|---|

Date Stamp

**CALIFORNIA FORM 497**

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## 2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment: _____