497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 10/27/2020	Date Stamp	CALIFORNIA FORM 497
Bobbie Singh-Allen for Mayor 2020				For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 10272020-1		
(916)348-9100	1429346			
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		CITY CLERK'S OFFICE OCT 27 2020 PM04:44
5429 Madison Avenue				
CITY / STATE / ZIP CODE		No. of Pages 1		
Sacramento / CA / 95841				

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
10/26/2020	Janine Bera [redacted] Elk Grove, CA 95758	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CMO WellSpace Health	1,000.00 ☐ Check if Loan _____% Provide interest rate
10/27/2020	Kamilos Companies, LLC(Gerry Kamilos) 11249 Gold County Blvd Ste 190 Rancho Cordova, CA 95670	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____