

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|   |   |                                     |  |            |   |
|---|---|-------------------------------------|--|------------|---|
| <b>NAME OF FILER</b><br>Bobbie Singh-Allen for Mayor 2022 |   |                                     | <b>Date of This Filing</b> <u>09/23/2022</u>                                     | Date Stamp | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only<br><br>CITY CLERK'S OFFICE<br>SEP 23 2022 PM 12:13 |
| <b>AREA CODE/PHONE NUMBER</b><br>(916) 348-9100           | <b>I.D. NUMBER (if applicable)</b><br>1429346 | <b>Report No.</b> <u>09232022-1</u> |  |            |   |
| <b>STREET ADDRESS</b><br>5445 Madison Avenue              |   |                                     | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |            |   |
| <b>CITY</b><br>Sacramento                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95841            | <b>No. of Pages</b> <u>1</u>   |            |   |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
|---------------|--|---|--|---|
| 09/22/2022    | Laborers Local 185 PAC<br>555 Capitol Mall, Suite 400<br>Sacramento, CA 95814<br>Committee ID # 870122         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | 1,000.00<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
| 09/22/2022    | LE03-Awin Management Inc<br>18500 North Allied Way<br>Phoenix, AZ 85054  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br><br>_____%<br>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