

497 Contribution Report

Amounts may be rounded to whole dollars.

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|--------------------------------------|--|---|--|---|
| NAME OF FILER Sherie Mahlberg | | Date of This Filing 9/29/2020 | Date Stamp RECEIVED SEP 29 2020 CITY MANAGERS OFFICE | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1428747 | Report No. 8 | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 8/29/2020 | Chantel Reyes [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Relations Director Cornerstone Assisted Living | 300 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/29/2020 | DBRE Consulting INC [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/29/2020 | Thomas Rapisarda INC [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5000 <input type="checkbox"/> 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: _____