

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sherie Mahlberg		Date of This Filing 9/29/2020	Date Stamp RECEIVED SEP 30 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 checked="" type="checkbox"/> Amendment to Report No. 1 (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		500 <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: _____
