

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER Sherie Mahlberg		Date of This Filing 8/27/2020	Date Stamp <b>RECEIVED</b> AUG 27 2020 CITY MANAGERS OFFICE	CALIFORNIA FORM <b>497</b> For Official Use Only.
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1428747	Report No. 1		
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 (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
8/14/2020	Sherie Mahlberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restoration Family Counselig Center Inc.	500 <input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
8/17/2020	Sherie Mahlberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restoration Family Counselig Center Inc.	1500 <input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
8/26/2020	Sherie Mahlberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restoration Family Counselig Center Inc.	1500 <input checked="" type="checkbox"/> Check if Loan 0 % 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: \_\_\_\_\_  
 \_\_\_\_\_