## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER				Date of	00/22/2024	Date Stamp	CALIFORNIA 497	
Save Fairfax Rent Control, No on I				This Filing _	09/23/2024			
AREA CODE/PHONE N	IUMBER	BER I.D. NUMBER (if applicable)		Report No. 092324			For	Official Use Only
	1468620							
STREET ADDRESS		•		☐ Amendme	nt			
				to Report No				
CITY	STATE ZIP CODE		ZIP CODE	(explain below)				
Fairfax		CA	94930	No. of Pages	1			
1. Contribution	on(s) Received			•				
DATE RECEIVED	FULL NAM	ID ZIP CODE OF CONTRIB	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER		AMOUNT RECEIVED	
	California Nurses Association PAC SCC				0022	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		500.00
08/13/2024	callfornia Nurses			☐ IND			500.00	
	Committee ID # /80	657			COM			
					OTH			☐ Check if Loan
					☐ PTY			0/
					<u>k</u> 300			Provide interest rate
09/20/2024	Service Employees	International Unio	on Local 1021 Issue	es PAC	☐ IND			5,000.00
	Committee ID # 129	5947			₹ COM			
	00	0311			□ отн			☐ Check if Loan
					☐ PTY			
					□ scc			Provide interest rate
09/20/2024	California Nurses	Association PAC S	CC					4,500.00
	Committee ID # /80	657			☐ COM ☐ OTH			_ 0, , , ,
					☐ OTH☐ PTY			☐ Check if Loan
					IX SCC			%
								Provide interest rate
						*Contributor Codes		
						IND-Individual		
						COM – Recipient Cor		
						OTH – Other (e.g., b PTY – Political Party	usiness ent	ity)
Reason for Amendment:						SCC – Small Contribu	itor Committ	ee