


497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Treston Shull for City Council 2018		Date of This Filing 08/27/2018	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 995-1213	I.D. NUMBER (if applicable) 1408533	Report No. 08272018-1		
STREET ADDRESS 7675 Northeast Circle		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Citrus Heights	STATE CA	ZIP CODE 95610	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
08/27/2018	California Laborers for Equality and Progress 555 Capitol Mall, Suite 400 Sacramento, CA 95814 Committee ID # 781984	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/27/2018	Laborers Pacific Southwest Regional Organizing Coalition PAC 555 Capitol Mall, Suite 400 Sacramento, CA 95814 Committee ID # 1358723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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: _____

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NAME OF FILER Treston Shull for City Council 2018		Date of This Filing 08/31/2018	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (916) 995-1213	I.D. NUMBER (if applicable) 1408533	Report No. 08312018-1	<div style="border: 2px solid black; padding: 5px; display: inline-block;">RECEIVED AUG 31 2018</div>	For Official Use Only
STREET ADDRESS 7675 Northeast Circle		<input type="checkbox"/> Amendment to Report No. (explain below)		By _____
CITY Citrus Heights	STATE CA	ZIP CODE 95610	No. of Pages 1	

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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
08/31/2018	Laborers Local 67 PAC 555 Capitol Mall, Suite 400 Sacramento, CA 95814 Committee ID # 1358486	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
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