

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Citrus Heights Yes on Measure M, Councilmember Porscha Middleton Ballot Measure Committee

AREA CODE/PHONE NUMBER [REDACTED] **ID. NUMBER (if applicable)**
1429440

STREET ADDRESS
[REDACTED]

CITY Sacramento **STATE** CA **ZIP CODE** 95815

Date of This Filing 09/18/2020

Report No. 905576-2A

Amendment to Report No. _____
(explain below)

No. of Pages 1

497 CONTRIBUTION REPORT

REGISTRATION STAMP
SEP 18 2020

CALIFORNIA FORM 497
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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
09/18/2020	[REDACTED] Concord, CA 94522	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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
		<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: _____