

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Citrus Heights Yes on Measure N, Councilmember Porsche Middleton Ballot Measure Committee

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1429440

STREET ADDRESS
[REDACTED]

CITY STATE **ZIP CODE**
Sacramento CA 95815

Date of This Filing 09/18/2020

Report No. 584907-MT

Amendment to Report No.
(explain below)

No. of Pages 1

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497 For Official Use Only

SEP 18 2020

By _____

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
09/17/2020	Theodore C. Mitchell [REDACTED] Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	5,000.00 <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: _____