

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER JEANNIE BRUINS		Date of This Filing <u>10-12-18</u>	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 For Official Use Only </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1245399	Report No. <u>3</u>	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> RECEIVED OCT 12 2018 By _____ </div>	
STREET ADDRESS PO BOX 3355		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY CITRUS HEIGHTS	STATE CA	ZIP CODE 95610	No. of Pages <u>1</u>	

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
10-11-18	Sacramento Metro Chamber PAC One Capitol Mall, #700 Sacramento, CA 95814 FPPC ID#840819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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: _____