497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
KARLESKIT FOR CITY COUNCIL 2020		8/7/2020	RECEIVED AUG 07 2020 CITY OF LINCOLN	For Official Use Only
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1387027	Report No. 1		
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY: LINCOLN	STATE: CA / ZIP CODE: 95648	No. of Pages 1		

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
8/6/2020	Committee For Home Ownership of Norhstate Building Industry Assoc 9458 Treelank Rd Granite Bay, CA 95746	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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