## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of		Date Stamp	CALIFORNIA 497		
Save Suisun City - Yes on S			This Filing		DECENTED		FORM 49/	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)	Report No. 345439-CE		RECEIVED	For	Official Use Only	
1474815		Report No. 313133 CE		OCT -1 2024				
STREET ADDRESS			Amendment to Report No					
		City of Suisun City						
CITY		STATE ZIP CODE	No. of Pages1					
			ito. or rages					
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/30/2024	C.C. Yin		[₹ IND	Owner Yin McDonald's		1,500.00		
				COM OTH PTY			☐ Check if Loan	
				□ scc			Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY			☐ Check if Loan	
				scc			Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan	
Reason for Amendment:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., bt PTY – Political Party SCC – Small Contribu	isiness ent	ty)	