

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>MORLON OSUM</i>		Date of This Filing <i>11/18/2024</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1463679</i>	Report No. <i>4</i>	RECEIVED	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	NOV 18 2024	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	City of Suisun City	
		No. of Pages <i>1</i>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>11/9/24</i>	<i>Fairfield/Suisun Chamber of Commerce - Pol. Action Comm.</i> [REDACTED]	<i>City Council member</i>	<i>\$1,650.-</i>	

Reason for Amendment: _____