

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>ANARLON L. OSUM</i>	Date of This Filing <i>20 Aug. '24</i>	Date Stamp RECEIVED <i>AUG 20 2024</i> City of Suisun City	CALIFORNIA FORM 497 For Official Use Only
AREA NUMBER (if applicable) [REDACTED] <i>1463679</i>	Report No. _____		
STREET ADDRESS [REDACTED]	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE [REDACTED]	No. of Pages <i>1</i>		

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
<i>8/20/2024</i>	<i>ROSENDO M. DE LA CRUZ Jr.</i> <i>ROSBERTO C. DE LA CRUZ</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$2,000.00</i> <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

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