

497 Contribution Report

NAME OF FILER Yes on U for Sebastopol's Future		Date of This Filing <u>09/27/2024</u>	Date Stamp <i>Rev'd 9/27/2024</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE / PHONE NUMBER [REDACTED]	I.D. Number (if applicable) 1475075	Report No. LATE-20240926		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to RptNo. _____		
CITY Sebastopol	STATE CA	ZIP CODE 95472	No. of Pages: 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, OCCUPATION & EMPLOYER or BUSINESS NAME IF COMMITTEE - ID NUMBER	AMOUNT RECEIVED
09/26/2024	Service Employees International Union Local 1021 Issues PAC [REDACTED] Sacramento CA 95814 ID No. 1296947	COM		20,000.00 <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