

497 Contribution Report

NAME OF FILER Yes on U for Sebastopol's Future		Date of This Filing <u>09/29/2024</u>	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE / PHONE [REDACTED]	I.D. Number (if applicable) 1475075	Report No. LATE-20240928	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to RptNo. _____	
CITY Sebastopol	STATE CA	ZIP CODE 95472	No. of Pages: 1

Rec'd 9/29/2024

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
09/28/2024	Recwood Credit Union [REDACTED] Santa Rosa CA 95403	OTH		2,500.00 <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