497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Stephen Opie For City Council

AREA CODE/PHONE NUMBER: [redacted]

I.D. NUMBER *(if applicable)*:

STREET ADDRESS: [redacted]

CITY: Sonora

STATE: CA

ZIP CODE: 95370

Date of This Filing: 1/30/24

Report No.:

☐ Amendment to Report No.: (explain below)

No. of Pages: 1

Date Stamp: Filed JAN 31 2024 Tuolumne County Clerk By Deputy

CALIFORNIA FORM 497

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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
1/23/24	#1710628? Suzanne Cruz Campaign Account [redacted] Sonora CA 95370	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Suzanne Cruz City Council	$1,000 ☒ Check if Loan % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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

Reason for Amendment: