

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Steve O'Pie</u>		Date of This Filing <u>2/1/24</u>	Date Stamp Filed FEB 1 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. _____ ☐ Amendment to Report No. _____ (explain below) _____ No. of Pages _____		By <u>Tuolumne County Clerk</u> Deputy
STREET ADDRESS [REDACTED]				
CITY <u>Sonora</u>	STATE <u>CA</u>	ZIP CODE <u>95370</u>		

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
<u>1/30/24</u>	<u>Suzanne Cruz</u> [REDACTED] <u>Sonora CA 95370</u>	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	<u>Self Employed</u> <u>SuzanneCruz.com</u> <u>Speaker, writer, consultant</u>	<u>1,000.00</u> ☐ 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

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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Steve Opie</u>		Date of This Filing <u>2/1/24</u>	Date Stamp Filed FEB 01 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. _____	☐ Amendment to Report No. _____ (explain below)	
STREET ADDRESS [REDACTED]		No. of Pages _____	By <u>Tulare County Clerk</u> Deputy <u>[Signature]</u>	
CITY <u>Sonoma</u>	STATE <u>CA.</u>	ZIP CODE <u>95370</u>		

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
1/30/24	<u>Suzanne Cruz</u> [REDACTED] <u>Sonoma, CA 95370</u>	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	<u>My Campaign Account</u> <u>Donate to Opie</u> <u>Campaign Acct.</u>	<u>1,000</u> ☐ 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

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