

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Bob Jonsen for Sheriff of Santa Clara County 2022			Date of This Filing <u>09/29/2022</u>	Date Stamp <div style="border: 2px solid red; padding: 5px; color: red; width: fit-content; margin: auto;"> E-Filed 09/29/2022 17:50:50 Filing ID: 204918503 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)884-5500	I.D. NUMBER (if applicable) 1443484	Report No. <u>220928-1</u>			
STREET ADDRESS CITY STATE ZIP CODE Novato CA 94949-5731			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>1</u>					

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/28/2022	Santa Clara County Public Safety Alliance San Jose, CA 95150 Committee ID # 1281451	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

*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: _____