497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497
For Official Use Only

Date Stamp: RECEIVED OCT 30 2008 CITY OF WEST SACRAMENTO

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

AREA CODE/PHONE NUMBER: [redacted]

I.D. NUMBER (if applicable): 1308399

STREET ADDRESS: [redacted]

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691

Date of This Filing: 10/30/08

Report No.: 4

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

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
10/29/08	WEST SACRAMENTO CAB COMPANY P.O. BOX 980363 SACRAMENTO, CA 95798	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$100 ☐ 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: _____