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

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: 11/1/08

Report No.: 5

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp: RECEIVED NOV 03 2008 CITY OF WEST SACRAMENTO

ENTERED

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
10/31/08	SACRAMENTO LABOR COUNCIL 2840 EL CENTRO ROAD, STE 111 SACRAMENTO, CA 95833	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250 ☐ 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: _____