**497 Contribution Report**

**NAME OF FILER**
Santa Cruz Together

**AREA CODE/PHONE NUMBER**
(831) 429–6391

**I.D. NUMBER (if applicable)**
1404050

**STREET ADDRESS**

**CITY**
Santa Cruz

**STATE**
CA

**ZIP CODE**
95060

**Date of This Filing**
09/23/2020

**Report No.**
35

**Reason for Amendment:**

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**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/23/2020</td>
<td>Hallie Richmond, Santa Cruz, CA 95062</td>
<td>✕ IND</td>
<td>Property Manager, Surf City Rentals Inc</td>
<td>$2,501.00</td>
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</tr>
</tbody>
</table>

**Check if Loan**

 Provide interest rate

**Check if Loan**

 Provide interest rate

**Check if Loan**

 Provide interest rate

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*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

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**E-Filed**
09/23/2020 12:31:34

**Filing ID:**
192914664

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