

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|   |  |                                 |  |  |   |
|---|--|---------------------------------|--|--|---|
| <b>NAME OF FILER</b><br>Residents for Responsible Leadership in Support of the Recall of Jessie Lopez, Sponsored by Santa Ana Police Officers Association Independent Expenditure Committee |  |                                 | <b>Date of This Filing</b> <u>11/03/2023</u>                                     | Date Stamp<br><br><div style="border: 2px solid red; padding: 5px; display: inline-block; color: red;">                     E-Filed<br/>                     11/03/2023<br/>                     06:59:05<br/><br/>                     Filing ID:<br/>                     208732600                 </div> | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER<br><br>(916)242-7414   | I.D. NUMBER (if applicable)<br><br>1457068 | <b>Report No.</b> <u>2023.7</u> |  |  |   |
| STREET ADDRESS<br><br>CITY STATE ZIP CODE<br>Sacramento CA 95814  |  |                                 | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |  |   |
| <b>No. of Pages</b> <u>1</u>  |  |                                 |  |  |   |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>    | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
|---------------|---|---|--|---|
| 11/02/2023    | National Association of Realtors Fund (Nonprofit 527 Organization)<br>Chicago, IL 60611<br>Committee ID # 1344093 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 100,000.00<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate                   |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br><br>_____%<br>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: \_\_\_\_\_