

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Cassandra A bram for Turlock City Council 2026			Date of This Filing <u>9/14/26</u>	Date Stamp Received SEP 14 2026 City of Turlock City Clerk's Office	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 	I.D. NUMBER (if applicable) 1495617	Report No. <u>1</u>			
STREET ADDRESS 		☐ Amendment to Report No. _____ (explain below)			
CITY Turlock	STATE CA	ZIP CODE 95382	No. of Pages <u>1</u>		

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
9/13/26	Donald Posner 	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician, Dermatology & Skin Surgery	1044.16 ☐ 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

Reason for Amendment: _____

* 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