

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Debora Fudge		Date of This Filing 10-6-20	Date Stamp RECEIVED OCT 06 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1425754	Report No. 8	TOWN OF WINDSOR	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Windsor	STATE CA	ZIP CODE 95492	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
10-5-20	Natalie Balfour [REDACTED] Windsor, CA. 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asset and Project Manager Airport Business Center	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-5-20	International Brotherhood of Electrical Workers Local 551 Political Action Committee All Purpose Account [REDACTED] Sacramento, CA. 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-5-20	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy [REDACTED] Sacramento, CA. 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> 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: _____

