

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Rosa Reynoza for Windsor Mayor 2020			Date of This Filing 10/16/2020	Date Stamp RECEIVED OCT 16 2020 TOWN OF WINDSOR	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1431498		Report No. 3		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Windsor	STATE CA	ZIP CODE 95492	No. of Pages _____		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(F COMMITTEE, ALSO ENTER I D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(F SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/15/2020	Michael Wall [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	Occupation Healthcare Consultant Vizient Inc.	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2020	Donna Bezzerides [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	Artist	\$500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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