

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Amber Robitaille, Treasurer (Amber Robitaille for Vacaville City Council 2020)		Date of This Filing 9/29/20	Date Stamp RECEIVED OCT 02 2020 CITY MANAGERS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427801	Report No. _____		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 1111 (explain below) 1		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	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
9/27/20	Vacaville Firefighters Local 3501 PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1330 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/28/20	Vacaville Police Officers Association PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1330 <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: To correct amounts of contribution

* 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