

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Raymond Beaty</i>	Date of This Filing <i>9-2-20</i>	Date Stamp <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">SEP 02 2020</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">CITY MANAGERS OFFICE</div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.5em;">CALIFORNIA FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100%; height: 1.2em;"></div>	I.D. NUMBER (if applicable) <i>1400002</i>	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
STREET ADDRESS <div style="background-color: black; width: 100%; height: 1.2em;"></div>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY <div style="background-color: black; width: 100%; height: 1.2em;"></div>	STATE <div style="background-color: black; width: 100%; height: 1.2em;"></div>	ZIP CODE <div style="background-color: black; width: 100%; height: 1.2em;"></div>	
No. of Pages _____			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>9-1-20</i>	<i>Vacaville PoA Political Action Committee</i> <i>PAC # 1304189</i> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<i>\$ 1,000.00</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

* 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: _____