

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Vacaville Police Officers Association, PAC		Date of This Filing 09-02-2020	Date Stamp RECEIVED SEP 02 2020 CITY MANAGERS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1304189	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9-1-2020	RAYMOND BEATY VACAVILLE CITY COUNCIL 6TH DIST [REDACTED] FPPC#1400002	RAYMOND BEATY VACAVILLE CIT COUNCIL 6TH DISTRICT	\$1,000	11-03-20202

Reason for Amendment: _____
