497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Oscar Chavez for Windsor Town Council 2021	Date of This Filing: 04-01-21	Date Stamp: RECEIVED APR 01 2021 TOWN OF WINDSOR	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1436463	Report No.: 013		For Official Use Only
STREET ADDRESS: [redacted]	☐ 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 (F COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/31/21	C. Edward Tuener [redacted] Windsor, CA 95492	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO Airport Business Center	500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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