497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of This Filing 04/01/2021	RECEIVED Date Stamp	CALIFORNIA FORM 497
Anthony P. Crabb				APR 01 2021	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1313287		Report No. 04012021-1		
STREET ADDRESS [redacted]			☐ Amendment to Report No. _____ (explain below)	TOWN OF WINDSOR	
CITY	STATE	ZIP CODE	No. of Pages 1		
Healdsburg	CA	95448			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/31/2021	Oscar Chavez for Windsor Town Council 2021 (ID# 1436463) [redacted] Windsor, CA 95492	Oscar Chavez Town Council Town of Windsor	1,000.00	05/04/2021

Reason for Amendment: _____