

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

TODD LANDS FOR CLOVERDALE CITY COUNCIL 2020

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1433518

STREET ADDRESS

CITY

CLOVERDALE

STATE

CA

ZIP CODE

95425

Date of

This Filing 11/4/2020

Report No. _____

Amendment

to Report No. _____

(explain below)

No. of Pages _____

Date Stamp

CITY OF CLOVERDALE
RECEIVED

NOV 04 2020

CALIFORNIA
FORM

497

For Official Use Only

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
11/4/2020	JIM WOOD FOR ASSEMBLY 2020 1787 TRIBUTE RD STE K SACRAMENTO CA 95815 ID# 1414195	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE ASSEMBLY	1000 ⁰⁰ <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
		<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: _____

****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