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CITY CLERK

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Petaluma Firefighters		Date of This Filing 09/15/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-384-4485	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS PO Box 750065		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Petaluma	STATE CA	ZIP CODE 94975	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)
09/15/20	Friends of Petaluma Yes on Measure U 311 Howard St Petaluma CA 94952	Measure U	\$10000.00	11/03/2020

Reason for Amendment: \_\_\_\_\_