497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Jeffrey Leasure		04/01/2021	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 2	APR 01 2021	
[redacted]		☐ Amendment to Report No. _____ (explain below)	TOWN OF WINDSOR	
STREET ADDRESS		No. of Pages 1		
[redacted]				
CITY	STATE / ZIP CODE			
Windsor	Ca 95492			

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
04/01/2021	So County Republican Central Committee [redacted] Santa Rosa, Ca 95403 ID [redacted]	☐ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC		1504.27 ☐ 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