

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mayra Vega for Woodland City Council 2020			Date of This Filing 10/13/2020	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (707) 299-7529	I.D. NUMBER (if applicable) 1428937		Report No. _____		
STREET ADDRESS 1522 Osborn Drive			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Woodland	STATE CA	ZIP CODE 95776	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/12/2020	Cheryl Petrovich 825 K Street, STE 300 Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO, Petrovich Development Company	\$2,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/13/2020	Mayra Vega 1522 Osborn Dr. Woodland, CA 95776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health, Strategy and Business Development	\$1,400 <input checked="" 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