**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME</th>
<th>STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/20</td>
<td>Michael Barnes</td>
<td></td>
<td>✓ IND</td>
<td>Mare Alley</td>
<td>$200</td>
</tr>
<tr>
<td>8/26/20</td>
<td>Janet Snidow</td>
<td></td>
<td>✓ IND</td>
<td></td>
<td>$150.00</td>
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<td>9/2/20</td>
<td>Tyler Abbott</td>
<td></td>
<td>✓ IND</td>
<td>Santini Foods, Inc.</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Reason for Amendment: 

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*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

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**FPPC Form 497 (Feb/2019)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**
Tod Abbott for City Council 2020

**DATE OF FILING**
9/3/20

**CALIFORNIA FORM 497**

**AREA CODE/PHONE NUMBER**
PENDING

**STREET ADDRESS**

**CITY**
Albany
**STATE**
CA
**ZIP CODE**
94706

**Report No.**
1

**Amendment to Report No.**
No. of Pages
2

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<table>
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<tr>
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<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
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<tbody>
<tr>
<td>9/3/20</td>
<td>Shaun Charles</td>
<td>☑ IND</td>
<td>Beacon Home Care</td>
<td>$1,000</td>
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</tbody>
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