497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Friends of Dominic Foppoli for Mayor 2020		09/29/20	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2020-07	SEP 29 2020	
[redacted]	1425416	☐ Amendment to Report No. ____ (explain below)	TOWN OF WINDSOR	
STREET ADDRESS		No. of Pages 1 of 2		
[redacted]				
CITY	STATE ZIP CODE			
Windsor	CA 95492			

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
9/28/20	International Brotherhood of Electrical Workers Local 551 PAC# [redacted] [redacted] Sacramento, CA 95814	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		5,000 ☐ Check if Loan ____% Provide interest rate
9/29/20	Northern California Engineering Contractors Association PAC# [redacted] [redacted] Santa Rosa, CA 95401	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500 ☐ Check if Loan ____% Provide interest rate
9/29/20	Brian O'Brien [redacted] Auburn, CA 95603	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Three Lions Consulting LLC	1,000 ☐ 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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Friends of Dominic Foppoli for Mayor 2020		09/29/20	RECEIVED SEP 29 2020 TOWN OF WINDSOR	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1425416	Report No. 2020-07		
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY Windsor	STATE CA / ZIP CODE 95492	No. of Pages 2 of 2		

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
9/29/20	Erin O'Brien Perry [redacted] Davis, CA 95618	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed O'Brien Family LLC	1,000 ☐ 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