# **497 Contribution Report**

### Amounts may be rounded to whole dollars.

							497 CC	ONTRIBUTION REPORT	
NAME OF FILER  Mister Phillips for School Board 2016				Date of This Filing 10/27/2016		Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1387936		Report No. 4		E-Filed 10/27/2016 23:51:14	For Official Use Only		
STREET ADDRESS				☐ Amendme		Filing ID: 162145295			
CITY STATE ZIP CODE			ZIP CODE	(explain below)					
Richmond		CA	94801-4173	No. of Pages	3				
1. Contributi	ion(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
10/25/2016	Tony Thurmond for A Oakland, CA 94618 Committee ID # Pend			☐ IND 図 COM			1,000.00		
					OTH PTY			☐ Check if Loan	
					SCC			Provide interest rate	
10/26/2016	Don Gosney for WCCU Richmond, CA 94805 Committee ID # 1388	5			☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC			2,500.00  Check if Loan  **  Provide interest rate	
10/26/2016	IBEW Local 302 Martinez, CA 94553	3			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00  Check if Loan  Provide interest rate	
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., b PTY – Political Party SCC – Small Contribution	ousiness ent		

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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							407 0011	TRIBUTION REPORT
NAME OF FILER			Date of		Date Stamp	CALIFORNIA 497		
Mister Phillips for School Board 2016				This Filing	10/27/2016		FORM	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		e)	Report No. 4			For Off	ficial Use Only	
1387936			Report No					
STREET ADDRESS				☐ Amendmento Report No.	nt			
CITY		STATE	ZIP CODE	(explain below)				
Richmond		CA	94801-4173	No. of Pages	3			
1. Contributio	n(s) Received						'	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/26/2016	Tony Thurmond for A Oakland, CA 94618 Committee ID # Pend	_			☐ IND  ☒ COM ☐ OTH			2 , 500 . 00 ☐ Check if Loan
					☐ PTY ☐ SCC			% Provide interest rate
10/26/2016	Dr. Mark Towns Galt, CA 95632				IND COM OTH PTY SCC	Doctor Towns Health Services Ir		500.00  Check if Loan  % Provide interest rate
10/26/2016	United Association Martinez, CA 94553					500.00		
	Marchiez, CA 94553	5			COM OTH PTY SCC			☐ Check if Loan
								Provide interest rate
Reason for Amend	ment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness entity	)

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AREA CODE/PHONE N	EA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1387936		Report No. 4			For Official Use Only		
STREET ADDRESS  CITY STATE ZIP CODE			Amendment to Report No					
Richmond		CA	94801-4173	No. of Pages	3			
1. Contributio	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ITOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/27/2016	Don Gosney for WCCU Richmond, CA 94805 Committee ID # 1388	5			☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC			1,000.00  Check if Loan  **  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amend	Iment:					*Contributor Codes IND – Individual COM – Recipient Colorth – Other (e.g., between PTY – Political Party SCC – Small Contribution	ousiness ent	er than PTY or SCC) ity)