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		8/24/2020	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1425416	Report No. 2020-02	AUG 24 2020	
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)	TOWN OF WINDSOR	
CITY: Windsor	STATE: CA ZIP CODE: 95492	No. of Pages 1 of 1		

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
8/23/2020	Robert Mullen Jr. [redacted] Healdsburg, CA 95448	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500 ☐ 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