497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Friends of Dominic Foppoli for Mayor 2020	Date of This Filing: 10/22/2020	Date Stamp: RECEIVED OCT 22 2020 TOWN OF WINDSOR	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1425416	Report No.: 2020-12		For Official Use Only
STREET ADDRESS: [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY: Windsor / STATE: CA / ZIP CODE: 95492	No. of Pages: 1 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
10/21/20	Thomas Birdsall [redacted] Santa Rosa, CA 95404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Black Kite Cellars	500 ☐ Check if Loan _____% Provide interest rate
10/21/20	Ajaib Bhadare [redacted] Santa Rosa, CA 95403	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder & Chairman Billa Management LLC	500 ☐ Check if Loan _____% Provide interest rate
10/21/20	Dilraj Bhadare [redacted] Mill Valley, CA 94941	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Billa Management LLC	500 ☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

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NAME OF FILER: Friends of Dominic Foppoli for Mayor 2020	Date of This Filing: 10/22/2020	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 707-484-3985 / I.D. NUMBER (if applicable): 1425416	Report No.: 2020-12		For Official Use Only
STREET ADDRESS: 8755 Merlot Way	☐ 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
10/21/20	Gagan Kaur Gill [redacted] Mill Valley, CA 94941	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	500 ☐ Check if Loan _____% Provide interest rate
10/21/20	Lawrence Amaturo [redacted] Santa Rosa, CA 95404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Amaturo Sonoma Media Group LLC	1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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