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	10/30/2020	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1425416	Report No. 2020-16	OCT 30 2020	
STREET ADDRESS: [redacted]	☐ Amendment to Report No. _____ (explain below)	TOWN OF WINDSOR	
CITY: Windsor / STATE: CA / ZIP CODE: 95448	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
10/29/20	Glenn Smith [redacted] Santa Rosa, CA 95401	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer/Partner Smith Dollar	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

* 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: _____