

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Contra Costa Families for Responsible Leadership Supporting Anamarie Avila Farias for Supervisor		<b>Date of This Filing</b> 05/05/2016		<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 925-228-9711	<b>I.D. NUMBER (if applicable)</b> PENDING	<b>Report No.</b> 1	<b>Amendment to Report No.</b> (explain below)		
<b>STREET ADDRESS</b> 1780 Muir Rd		<b>STATE</b> CA	<b>ZIP CODE</b> 94553	<b>No. of Pages</b> 1	
<b>CITY</b> Martinez					

## 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
05/04/2016	Contra Costa County DSA Independent Expenditure PAC 1780 Muir Rd Martinez CA 94553 ID#: 1347607	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

**CALIFORNIA**  
**FORM**  
**496**  
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<b>NAME OF FILER</b> Contra Costa County Families for Responsible Leadership Supporting Anahitane Avila Farias for Supervisor 2016		<b>Date of This Filing</b> 05-13-2016		<b>Date Stamp</b>	
<b>AREA CODE/PHONE NUMBER</b> 415-541-9028	<b>ID. NUMBER (if applicable)</b> Pending	<b>Report No.</b> 001			
<b>STREET ADDRESS</b> 1780 Muir Road		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)			
<b>CITY</b> Martinez	<b>STATE</b> CA	<b>ZIP CODE</b> 94553	<b>No. of Pages</b>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> AnaMarie Avila Farias			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>		
<b>OFFICE SOUGHT OR HELD</b> Contra Costa Supervisor	<b>DISTRICT NO.</b> 5	<b>SUPPORT</b> <input checked="" type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>
				<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05-12-2016	Design, Print, and Postage cost for Mailers	12,908.60
05-12-2016	Research	15,000.00

Reason for Amendment: \_\_\_\_\_