

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Monica Wilson for Supervisor 2016

Date of This Filing 4/17/2016

Date Stamp

CALIFORNIA FORM 497 For Official Use Only

AREA CODE/PHONE NUMBER (925) 206-6546 I.D. NUMBER (if applicable) 1383181

Report No. 4

STREET ADDRESS 4200 Raphael Ct

Amendment to Report No.

CITY Antioch STATE CA ZIP CODE 94509

No. of Pages 1

1. Contributions 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
04/16/2016	California Nurses Association PAC 555 Capitol Mall Ste 1425 Sacramento, CA 95814-4602 ID: 780657	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <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

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NAME OF FILER
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AREA CODE/PHONE NUMBER
(925) 206-6546

STREET ADDRESS
4200 Raphael Ct

CITY
Antioch

ID NUMBER (if applicable)
1383191

1. Contributions Received

DATE RECEIVED
04/15/2016

STATE ZIP CODE
CA 94509

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
(IF COMMITTEE ALSO ENTER ID NUMBER)
Richard Communities Inc
3161 Michelson Dr
Irvine, CA 92612-4436

Date of This Filing
4/15/2016

Report No.
3

Amendment to Report No.

No. of Pages
1

Date Stamp

CALIFORNIA FORM 497
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CONTRIBUTOR CODE *
 IND
 COM
 DTH
 PTY
 SCC

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

AMOUNT RECEIVED

\$1,675.00

Check if Loan

Provide interest rate %

Reason for Amendment:

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NAME OF FILER Monica Wilson for Supervisor 2016		Date of This Filing 4/14/2016	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (925) 206-6546	ID NUMBER (if applicable) 1383181	Report No. 2	
STREET ADDRESS 4200 Raphael Ct		<input type="checkbox"/> Amendment to Report No.	
CITY Antioch	STATE CA	ZIP CODE 94509	No. of Pages 1

1. Contributions 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
04/13/2016	O'Hara Properties LLC 3820 Blackhawk Rd Danville, CA 94506-4617	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,675.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment:

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NAME OF FILER Monica Wilsson for Supervisor 2016		Date of This Filing 3/16/2016		Date Stamp		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (925) 206-6546	LD NUMBER (if applicable) 13831871	Report No. 1	<input type="checkbox"/> Amendment to Report No.				
STREET ADDRESS 4200 Raphael Court		No. of Pages 1					
CITY Antioch	STATE CA	ZIP CODE 94509					

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/15/2016	Jim Prazier for Assembly 2016 5429 Madison Ave Sacramento, CA 95841-3111 ID: 1373430	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,675.00 <input type="checkbox"/> Check if Loan Provide Interest Rate _____ %

Reason for Amendment:

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