

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Avila Farias for Supervisor 2016

Date Stamp

CALIFORNIA
FORM
497
For Official Use Only

AREA CODE/PHONE NUMBER

415-541-9028

I.D. NUMBER (if applicable)

1383998

Date of This Filing 5/18/2016
Report No. 06

STREET ADDRESS

649 Main Street #180

Amendment to Report No. _____ (explain below)

No. of Pages 1

CITY

Martinez

STATE

CA

ZIP CODE

94553

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
05/18/2016	Service Employees International Union Local 1021 Candidate PAC, Small Contributor Committee ID#1296948 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,675.00 <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

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NAME OF FILER Avila Farias for Supervisor 2016		Date of This Filing 5/17/16		Date Stamp _____
AREA CODE/PHONE NUMBER 415-541-9028		Report No. 05		
STREET ADDRESS 649 Main Street #180		<input checked="" type="checkbox"/> Amendment to Report No. 05 (explain below)		CALIFORNIA FORM 497 For Official Use Only
CITY Martinez	STATE CA	ZIP CODE 94553	No. of Pages 1	

COPY

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
5/14/16	Lori Sanson 850 Meadow Creek Ct. Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Savona Owners Assoc.	\$1,675.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
5/16/16	DeNova Homes, Inc 1500 Willow Pass Court Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: update occupation and employer info for Lori Sanson

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OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

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NAME OF FILER Avila Farias for Supervisor 2016		Date of This Filing 05/10/2016		Date Stamp	
AREA CODE/PHONE NUMBER 415-541-9028		I.D. NUMBER (if applicable) 1383998		Report No. 04	
STREET ADDRESS 649 Main Street #180		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1	
CITY Martinez		STATE CA		ZIP CODE 94553	

CALIFORNIA FORM 497
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/09/2016	IFPTE Local 21 TJ Anthony PAC Fund ID#881248 1167 Mission St. 2nd Floor San Francisco, CA 94103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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: _____

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NAME OF FILER Avila Farias for Supervisor 2016		Date of This Filing 05/07/2016		Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-541-9028		Report No. 03			
STREET ADDRESS 649 Main Street # 180		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Martinez	STATE CA	ZIP CODE 94553	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/06/2016	James Busby 635 Escobar St Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor Scott Busby Construction	\$1,600.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
05/06/2016	Scott Busby Construction P.O. Box 1007 Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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FPPC Form 497 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

497 Contribution Report

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NAME OF FILER Avila Farias for Supervisor 2016		Date of This Filing 04/29/2016	Date Stamp
AREA CODE/PHONE NUMBER 415-541-9028	I.D. NUMBER (if applicable) 1383998	Report No. 02	CALIFORNIA FORM 497 <small>For Official Use Only</small>
STREET ADDRESS 649 Main Street #180		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY Martinez	STATE CA	ZIP CODE 94553	
		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/28/2016	Contra Costa County Deputy Sheriffs Assoc. Political Action Committee ID #880929 1780 Muir Road Martinez, CA 94553	<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 _____%
		<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: _____

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NAME OF FILER Avila Farias for Supervisor 2016		Date of This Filing 04/15/16		Date Stamp	
AREA CODE/PHONE NUMBER (415)541-9028		Report No. 01		CALIFORNIA FORM 497 For Official Use Only	
I.D. NUMBER (if applicable) 1383998		Amendment to Report No. (explain below)			
STREET ADDRESS 649 Main Street #180		No. of Pages 1			
CITY Martinez	STATE CA	ZIP CODE 94553			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/14/16	United Professional Fire Fighters Of Contra Costa County I.A.F.F. Local 1230 Candidate PAC Committee ID#744488 112 Blue Ridge Dr. Martinez, CA 94553	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
04/14/16	Tony Tiscareno For C C C 2014 Committee ID# 1362010 3710 Lone Tree Way Antioch, CA 94509	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,675 <input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

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