

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

FILED
SANTA CRUZ CO ELECTIONS

497 CONTRIBUTION REPORT

NAME OF FILER Shonick For School Board 2014		Date of This Filing 10-28-2014	Date Stamp 2014 OCT 28 PM 12:35	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 831-425-3820	I.D. NUMBER (if applicable) 1368000	Report No. <u>2</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Cruz	STATE CA	ZIP CODE 95062	No. of Pages <u>1</u>	

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
10-27-2014	Greater Santa Cruz Federation of Teachers COPE Fund Santa Cruz, CA 95060 FPPC#1288701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2251 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-27-2014	Greater Santa Cruz Federation of Teachers COPE Fund Santa Cruz, CA 95060 FPPC#1288701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$591 <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 SHONICK FOR SCHOOL BOARD		Date of This Filing 10/27/2017	CALIFORNIA FORM 497 For Official Use Only 2017 OCT 27 PM 1:42
AREA CODE/PHONE NUMBER 831-425-2820	I.D. NUMBER (if applicable) 1368000	Report No. 2	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	
CITY Santa Cruz	STATE CA		

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
10/27/2017	Friends of John Leopold Santa Cruz, CA 95063-2386 FPBC# 1342624	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$7,000.00 TX	<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
		<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

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