497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			Date of This Filing 11/7/2016	Date Stamp RECEIVED NOV - 7 2016 CITY OF LINCOLN	CALIFORNIA FORM 497 For Official Use Only
Peter Gilbert					
AREA CODE/PHONE NUMBER (916)	I.D. NUMBER (if applicable) 1383144		Report No. 2		
STREET ADDRESS			☐ Amendment to Report No. _____ (explain below)		
CITY Lincoln	STATE CA	ZIP CODE 95648	No. of Pages 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
11/7/2016	Laborers Local 185 PAC ID#870122- Small Contributor Committee 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000. ☐ 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: _____