

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Xochitl Rodriguez Murillo</b>		Date of This Filing <b>10/17/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(530) 848-5010</b>	I.D. NUMBER (if applicable) <b>1385203</b>	Report No. <b>1</b>		
STREET ADDRESS <b>908 Donner Way</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Woodland</b>	STATE <b>CA</b>	ZIP CODE <b>95695</b>	No. of Pages <b>1</b>	

## 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
10/14/2016	Plumbers & Pipefitters Local 447 Political Fund 5841 Newman Court Sacramento, CA 95819	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2016	R Fong C Douglas 2976 Govan Way Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/President River Rock Development Company	\$1,250 <sup>00</sup> <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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Xochiti Rodriguez Munillo</b>		Date of This Filing <b>10/18/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <b>(530) 848-5010</b>	I.D. NUMBER (if applicable) <b>1385203</b>	Report No. <b>1</b>		
STREET ADDRESS <b>908 Donner Way</b>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Woodland</b>	STATE <b>CA</b>	ZIP CODE <b>95695</b>	No. of Pages <b>1</b>	

## 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
10/13/2016	Roger F. Fong 51229 Clarksburg Rd. Clarksburg, CA 95612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<b>\$ 250<sup>00</sup></b> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/13/2016	Florence Fong 51229 Clarksburg Rd. Clarksburg, CA 95612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<b>\$ 250<sup>00</sup></b> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

**\*\*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: \_\_\_\_\_

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Xochitl Rodriguez Murillo</b>		Date of This Filing <b>10/19/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(530)848-5010</b>	I.D. NUMBER (if applicable) <b>1385203</b>	Report No. <b>1</b>		
STREET ADDRESS <b>908 Donner Way</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Woodland</b>	STATE <b>CA</b>	ZIP CODE <b>95695</b>	No. of Pages <b>1</b>	

**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
10/14/2016	AT&T CA Employee PAC Id: 981470 430 Bush Street, Ste 500 San Francisco, CA 94108	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2016	POD the Fong Gee Family Trust 3104 Sutter Buttes Drive Roseville, CA 95747	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Trust	\$ 250 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2016	Rachelle Fong 816 Pradera Way San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$ 250 <sup>00</sup> <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

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Xochitl Rodriguez Munillo</b>		Date of This Filing <b>10/27/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(530) 848-5010</b>	I.D. NUMBER (if applicable) <b>1385203</b>	Report No. <b>1</b>		
STREET ADDRESS <b>908 Donner Way</b>		<input checked="" type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>Woodland</b>	STATE <b>CA</b>	ZIP CODE <b>95695</b>	No. of Pages <b>1</b>	

**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
10/14/2016	Stewart Title of Placer 6700 Fair Oaks Blvd, Ste B Carmichael, CA 95608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1,500</b> <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

Reason for Amendment: Amount of donation previously not included

**\*\*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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Xochitl Rodriguez Munillo		<b>Date of This Filing</b> 10/20/2016 Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (530) 848-5010	<b>I.D. NUMBER (if applicable)</b> 1385203	<b>Report No.</b> 1	
<b>STREET ADDRESS</b> 908 Donner Way		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>CITY</b> Woodland	<b>STATE</b> CA	<b>ZIP CODE</b> 95695	<b>No. of Pages</b> 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
10/15/2016	Eric and Michael Astacaan-Butler 3064 Mill Oak Way Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flight Attendant & Pilot Southwest Airlines	\$100 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2016	Northern California Carpenters Regional Council Small Contributor Committee ID: 972104 265 Hegenberger Road, Suite 200 Oakland, CA 94621	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19/2016	Jaclyn Koenig 3225 Deodar Street Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Staff CA State Assembly	\$150 <sup>00</sup> <input type="checkbox"/> 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: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Xóchitl Rodriguez Murillo</i>		Date of This Filing <i>11/01/2016</i>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>(530)848-5010</i>	I.D. NUMBER (if applicable) <i>1385203</i>	Report No. <i>1</i>		
STREET ADDRESS <i>908 Donner Way</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Woodland</i>	STATE <i>CA</i>	ZIP CODE <i>95695</i>	No. of Pages <i>1</i>	

## 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
<i>10/31/2016</i>	<i>Yocha Dehe Wintun Nation 18960 County Road 75A Brooks, CA 95606</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$2,500-</i> <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

**\*\*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: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Xochitl Rodriguez Murillo		<b>Date of This Filing</b> <u>11/07/2016</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (530) 848-5010	<b>I.D. NUMBER (if applicable)</b> 1385203	<b>Report No.</b> <u>1</u>		
<b>STREET ADDRESS</b> 908 Donner Way		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Woodland	<b>STATE</b> CA	<b>ZIP CODE</b> 95695	<b>No. of Pages</b> <u>1</u>	

## 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
11/04/2016	Laborers Local 185 PAC ID# 870122 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1,000</b> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
11/04/2016	Operating Engineers Local Union No. 3 District 80 PAC, ID# 891402 Alameda, CA 94502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$500</b> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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