

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Keith A. Faulder, Faulder for Judge 2016		Date of This Filing 6/1/2016	Date Stamp FILED JUN 01 2016 SUSAN M. RANOGAK MENDOCINO COUNTY CLERK By <u>Nickel</u> Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1380335	Report No. 5		
CITY Ukiah		STATE CA		
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		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
6/1/2016	Caren Callahan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Law Offices of Caren Callahan	\$1,500.00 <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
		<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 Keith A. Faulder, Faulder for Judge 2016		Date of This Filing 6/1/2016	Date Stamp <div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED JUN 01 2016 SUSAN M. RANOGAJAK MENDOCINO COUNTY CLERK By <i>[Signature]</i> Deputy </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 463-0103	I.D. NUMBER (if applicable) 1380335	Report No. 5		
STREET ADDRESS 390 West Standley Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Ukiah	STATE CA	ZIP CODE 95482	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
6/1/2016	Caren Callahan 1 Highland Court Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Law Offices of Caren Callahan	\$1,500.00 <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
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