497 Contribution	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER Revive Mental Health Services				Date of This Filing	04/14/16	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No.	1			
STREET ADDRESS CITY Ukiah		1384743 STATE CA	ZIP CODE 95482	Amendment to Report No. (explain below) No. of Pages 1			APR 1 4 2016 SUSAN M. RANOCHAK MENDOCINO COUNTY CLERK By Deputy	
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS A (IF COMMITTEE, ALSO	AND ZIP CODE OF CONTRI ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF B	PLOYER AMOUNT RECEIVED	
04/14/2016	Barbara Newell				IND COM OTH PTY SCC	Executive Performance Coatings inc.	1,500.00 Check if Loan Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ————————————————————————————————————	
Reason for Amendment:						**Contributor Codes IND — Individual COM — Recipient Comn OTH — Other (e.g., busi PTY — Political Party SCC — Small Contributo		

FPPC Form 497 (Jan/2016)
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