**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**
Melissa Boyd

**AREA CODE/PHONE NUMBER**

**I.D. NUMBER (if applicable)**

**STREET ADDRESS**

**CITY**
Albany

**STATE**
CA

**ZIP CODE**
94706

**Date of This Filing**
09/08/2020

**Date Stamp**

**CALIFORNIA FORM 497**

**Report No.**
1

**□ Amendment to Report No.**

**No. of Pages**
3

**FILED SEP 08 2020**

**ALBANY CITY CLERK**

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1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
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<tbody>
<tr>
<td>08/06/2020</td>
<td>Bernard Friemann</td>
<td>☑ IND</td>
<td>Retired</td>
<td>$100.00</td>
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<td>□ Check if Loan</td>
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<td>Provide interest rate</td>
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<td>08/06/2020</td>
<td>Elizabeth Friedman</td>
<td>☑ IND</td>
<td>Chief Director, Development; Haas School of Business, UC Berkeley</td>
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<td>Provide interest rate</td>
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<td>08/06/2020</td>
<td>Lawrence Turner</td>
<td>☑ IND</td>
<td>Self-Employed, Contractor</td>
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<td>Provide interest rate</td>
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*** 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:**

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**FPPC Form 497 (Feb/2019)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
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<tr>
<td>08/22/2020</td>
<td>Doug and Sherry Boyd</td>
<td>✓ IND</td>
<td>Endodontist, Douglas C. Boyd, DMD MS, Inc.</td>
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<td>08/22/2020</td>
<td>Nicolle Spellman</td>
<td>✓ IND</td>
<td>Nurse, Hoboken University Medical Center</td>
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<td>08/26/2020</td>
<td>Sarah Roberts</td>
<td>✓ IND</td>
<td>Public Health Social Scientist, UCSF</td>
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</tbody>
</table>

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Reason for Amendment: ________________________________
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Date of This Filing
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Report No. 1

Amendment to Report No. (explain below)

No. of Pages 3

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<td>09/03/2020</td>
<td>Kavita Trivedi</td>
<td>IND</td>
<td>Principal, Trivedi Consults, LLC; Consultant, Antimicrobial Resistance, World Health Organization</td>
<td>$100.00</td>
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Reason for Amendment: ____________________________________________________________________________

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