Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing __09/14/2017__	Date Stamp	CALIFORNIA FORM **497**
Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners.			CITY CLERK	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. ___LCR-20170913		For Official Use Only
(650) 381-9228	1398189			
STREET ADDRESS		☐ Amendment to Report No. ___ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages__2__	1 / 2
Pacifica	CA	94044		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
09/13/2017	Sandra Varga ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Broker and Investor Varga Properties	1000.00
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners.

Date of
This Filing _____

CALIFORNIA FORM **497**

For Official Use Only

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
	1398189

Report No. _____

STREET ADDRESS

☐ **Amendment**
to Report No. _____
(explain below)

CITY	STATE	ZIP CODE

No. of Pages_____

2 / 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC