

**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

**AREA CODE/PHONE NUMBER** (650) 381-9228      **I.D. NUMBER (if applicable)** 1398189

**STREET ADDRESS**  
[REDACTED]

**CITY** [REDACTED]      **STATE** CA      **ZIP CODE** 94044

**Date of This Filing** 10/12/2017

**Report No.** LCR-20171011

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 2

**Date Stamp**  
**RECEIVED**  
OCT 11 2017  
CITY CLERK

**CALIFORNIA FORM 497**  
For Official Use Only

**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
10/11/2017	Coalition for Housing Equality Sponsored by SAMCAR [REDACTED] ID: 1388494	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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: \_\_\_\_\_

19100000022 From: Rebecca J. Olson  
2017-10-12 21:10:09 (GMT-7)  
1 866 456 3111  
19. City Clerk

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<b>AREA CODE/PHONE NUMBER</b> _____	<b>I.D. NUMBER (if applicable)</b> 1398189	<b>Report No.</b> _____	
<b>STREET ADDRESS</b> _____		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>	
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP CODE</b> _____	
		<b>No. of Pages</b> _____	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: \_\_\_\_\_