

**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  
446 Old County Rd  
Ste 100 # 112

CITY STATE ZIP CODE  
Pacifica CA 94044

Date of This Filing 10/02/2017

Report No. LCR-20170930

Amendment to Report No. (explain below)

No. of Pages 2

RECEIVED  
OCT 02 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
09/30/2017	Friend, Friend & Friend L.P. [REDACTED] ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
	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  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

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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> _____

## Late Contribution(s) Made

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

Reason for Amendment: \_\_\_\_\_  
 \_\_\_\_\_

19100000022 From: Rebecca J. Olson  
 4017-10-02 21:41:31 (GMT)  
 Page 3 of 3  
 U.S. City Clerk