

Late Contribution Report

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

NAME OF FILER Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) 1398189 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	<div style="border: 2px solid blue; padding: 5px;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-size: 1.5em; font-weight: bold;">OCT 23 2017</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">HUMAN RESOURCES</p> </div>	LATE CONTRIBUTION REPORT <div style="border: 1px solid black; padding: 2px; background-color: #e0e0e0;"> CALIFORNIA FORM 497 </div> For Official Use Only
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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: _____