

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		Date of This Filing 10/25/2017	RECEIVED OCT 25 2017 CITY CLERK	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1398189	Report No. LCR-20171011-2		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. LCR-20171011-1 <small>(explain below)</small>		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 2	1/2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/11/2017 	Pacifica Coalition for Housing Equality No on C Sponsored by San Mateo County Association of Realtors with Major Funding by National Association of REALTORS [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
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: Update Amount Received and Amendment to Report Number

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 _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	2 / 2	<div style="border: 1px solid black; padding: 5px;"> CALIFORNIA FORM 497 For Official Use Only </div>
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1398189			
STREET ADDRESS _____				
CITY _____	STATE _____	ZIP CODE _____		

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: _____