

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)
(650) 381-9228 1398189

STREET ADDRESS
446 Old County Rd
Ste 100 # 112

CITY STATE ZIP CODE
Pacifica CA 94044

Date of This Filing 10/04/2017

Report No. LCR-20171003

Amendment to Report No. (explain below)

No. of Pages 2

LATE CONTRIBUTION REPORT

RECEIVED

Date Stamp
OCT 04 2017
CITY CLERK

CALIFORNIA FORM 497

497

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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
10/03/2017 	Adams & Graves ████████████████████ ████████████████████ ID: ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
10/03/2017 	Douglas Howden ████████████████████ ████████████████████ ID: ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	1000.00
	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: _____

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STREET ADDRESS

1398189

Amendment to Report No. _____
(explain below)

CITY STATE ZIP CODE

No. of Pages _____

CITY CLERK

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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: _____