Late Contribution Report

Late Contribution(s) Received

Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners

1,D. NUMBER (if applicable)

STATE

ZIP CODE

1398189

NAME OF FILER

STREET ADDRESS

DATE

CITY

AREA CODE/PHONE NUMBER

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE •	ENTER OCCUPATION AND EMPLOYER  OF SELF-EMPLOYED, ENTER NAME OF SUGINESS)	AMOUNT RECEIVED
09/26/2017	Seacliff Apartments  ID:	IND COM OTH PTY SCC		2500.00
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
*Contributor Codes IND - Individual COM - Recipient Co OTH - Other	PTY - Political Party mmittee (other than PTY or SCC) SCC - Small Contributor Committee			
reason to Amendine			Date Stanıp FPPC Toll-Free I	PPC Form 497(June/01) Helpline: 866/ASK-FPPC

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

Date of This Filing

Report No.

☐ Amendment

No. of Pages 2

to Report No. (explain below)

09/27/2017

LCR-20170926

LATE CONTRIBUTION REPORT

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**AMOUNT** 

FORM

RECEIVER

SEP 27 2017

CITY CLERK

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER

1/2

ate Contr	ibution Report Amounts i	Type or print in ink. nay be rounded to whole dollars.	REC	EIVED	LATE CONTRIBUTION REPOR
NAME OF FILER Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners		Date of This Filing			CALIFORNIA 497
AREA CODE/PHONE NUMBER (i' applicable)		Report No.		27 2017	For Official Use Only
STREET ADDRESS		Amendment to Report No.	CIT	/ CLERK	
ITY	STATE ZIP CODE	(explain below)  No. of Pages	_	2/2	
ate Contr	ribution(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)
1					
	ID:	Ballot: Dist:			
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