

Late Contribution Report

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

RECEIVED		LATE CONTRIBUTION REPORT	
Date Stamp		CALIFORNIA FORM 497	
SEP 08 2017		For Official Use Only	
CITY CLERK			
Date of This Filing <u>09/08/2017</u>			
Report No. <u>LCR-20170908</u>			
<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
No. of Pages <u>2</u>		1 / 2	

NAME OF FILER Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners.		
AREA CODE/PHONE NUMBER <u>(650) 381-9228</u>	I.D. NUMBER (if applicable) <u>1398189</u>	
STREET ADDRESS 446 Old County Rd Ste 100 # 112		
CITY <u>Pacifica</u>	STATE <u>CA</u>	ZIP CODE <u>94044</u>

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
09/08/2017	Roy Stotts [REDACTED] Pacifica CA 94044 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	6000.00
	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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

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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 _____ 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 _____	2 / 2	CALIFORNIA FORM 497 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: _____