

Late Contribution Report

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

RECEIVED		LATE CONTRIBUTION REPORT	
Date of This Filing _____	SEP 22 2017	CALIFORNIA FORM 497	
Report No. _____	CITY CLERK	For Official Use Only	
<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
No. of Pages _____	2 / 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	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 (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: _____

Late Contribution Report

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NAME OF FILER Stop The Hidden Tax Committee No on C a coalition of Pacifica residents homeowners and property owners.			Date of This Filing 09/22/2017
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1398189		Report No. LCR-20170921
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Pacifica	STATE CA	ZIP CODE 94044	No. of Pages 2

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SEP 22 2017

CITY CLERK

CALIFORNIA FORM 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
09/21/2017 	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		2750.01
09/21/2017 	Tod Spieker [REDACTED] ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Spieker Companies Inc.	2500.00
	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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