

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
[REDACTED]

I.D. NUMBER (if applicable)
1398189

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Pacifica CA 94044

Date of This Filing 09/05/2017

Report No. LCR-20170905

Amendment to Report No. _____
(explain below)

No. of Pages 2

LATE CONTRIBUTION REPORT

RECEIVED

Date Stamp
SEP 05 2017

CALIFORNIA FORM 497

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CITY CLERK

1 / 2

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
09/05/2017 	John M. Moresco [REDACTED] 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 Teamster N/A	2000.00
09/05/2017 	Nancy A. Stotts [REDACTED] 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 Nurse/Educator N/A	2000.00
	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
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

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

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: _____