

Late Contribution Report

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

RECEIVED		LATE CONTRIBUTION REPORT	
SEP 27 2017		CALIFORNIA FORM 497	
CITY CLERK		For Official Use Only	
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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 _____
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	No. of Pages _____

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: _____