497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Save Public Parking, No on H; Yes on I			Date of This Filing _	04/29/2016	Date Stamp CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1384493			116 4	CITY OF DANA POIN For Official Use Only 2016 APR 29 P 3: 3		
		Report No. 20	016-4			
STREET ADDRESS CITY STATE ZIP CODE		Amendme to Report No (explain below)		RECEIVED CITY CLERK'S DEPARTMENT		
		OTATE ZII OODE	No. of Pages	1		
1. Contribution	(s) Received		The state of the s			×
DATE RECEIVED	FULL NAME,	STREET ADDRESS AND ZIP CODE OF CON- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	Dana Point Taxpayers	Association		☐ IND 図 COM ☐ OTH ☐ PTY ☐ SCC	ve-	5,000.00 Check if Loan Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amendme	ent:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)