

# 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 05/11/2016	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1384493	Report No. 2016-5	CITY OF DANA POINT 2016 MAY 11 P 4:10 RECEIVED CITY CLERK'S DEPARTMENT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
05/11/2016	Peter Burke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO P.J. Salvage	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/11/2016	Patrick Prendiville Insurance Agency Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/11/2016	Carma J. Tomlinson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

### \*Contributor Codes

IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee