

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dana Point Taxpayers Association		Date of This Filing 05/16/2016	Date Stamp CITY OF DANA POINT 2016 MAY 16 A 9:47 RECEIVED CITY CLERK'S DEPARTMENT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1380834	Report No. 2016-3		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
05/16/2016	Save Public Parking, No on H; Yes on I (ID# 1384493) [REDACTED]	H: Town Center Initiative I: 2016 Town Center and Public Parking Improvement City of Dana Point	10,000.00	06/07/2016

Reason for Amendment: _____

Additional Comments
Form 497 Contribution Report

ADDITIONAL COMMENTS

CALIFORNIA
FORM 497

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Dana Point Taxpayers Association

I.D. NUMBER

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