

Late Contribution Report

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

CITY OF SANTA CLARITA
2016 AUG 12 AM 11:13
CITY CLERKS OFFICE

LATE CONTRIBUTION REPORT

NAME OF FILER Cameron Smyth For City Council 2016		Date of This Filing 08/11/2016	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1385277	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Clarita	STATE CA	ZIP CODE 91321	No. of Pages 1	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/11/2016 	Richard Hilton ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	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: _____