

# 497 Contribution Report

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

CITY OF SANTA CLARITA

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON S: A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY, FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES		<b>Date of This Filing</b> 10/22/2014 2014 OCT 27 A 9:49	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1369459	<b>Report No.</b> G14-AJC-43 <input type="checkbox"/> Amendment to Report No. _____ (explain below) <b>No. of Pages</b> 2	
<b>STREET ADDRESS</b>		RECEIVED CLERKS OFFICE	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULLNAME, 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
10/21/2014	HOME GROWN STUICS	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		11,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/2014	DARLENE LIPITZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NONE	11,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/2014	FLORA LIPITZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NONE	11,000.00 <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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1369459	<b>Report No.</b> G14-AJC-43	RECEIVED CITY CLERKS OFFICE	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP CODE</b> _____	<b>No. of Pages</b> 2	

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10/21/2014	CATHERINE REDLICH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DRISCOLL & REDLICH	33,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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497 CONTRIBUTION REPORT

NAME OF FILER HOME GROWN STUDIOS		Date of This Filing 10/22/2014	Date Stamp 2014 OCT 23 A 9:43	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. G14-AJC-43		
STREET ADDRESS		RECEIVED CITY CLERKS OFFICE		
CITY	STATE      ZIP CODE			
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages <u>1</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/21/2014	YES ON S: A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY, FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES (I.D. #1369459)	MEASURE S CITY OF SANTA CLARITA	11,000.00	11/04/2014

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

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CITY OF SANTA CLARITA CONTRIBUTION REPORT

NAME OF FILER <b>DARLENE LIPITZ</b>		Date of This Filing 10/22/2014	Date Stamp 2014 OCT 23 A 9	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. G14-AJC-43	RECEIVED CITY CLERKS OFFICE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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NAME OF FILER <b>FLORA LIPITZ</b>		Date of This Filing <b>10/22/2014</b>	Date Stamp <b>OCT 23 A 9:44</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
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**CALIFORNIA FORM 497**

For Official Use Only

NAME OF FILER <b>CATHERINE REDLICH</b>	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
STREET ADDRESS	
CITY	STATE ZIP CODE

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