

497 Contribution Report

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

NAME OF FILER
YES ON 5: A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY, FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)** 1369459

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 11/04/2014

Report No. G14-AJC-56

Amendment to Report No. _____
(explain below)

No. of Pages 1

CITY OF SANTA CLARITA 497 CONTRIBUTION REPORT

Date Stamp

CALIFORNIA FORM 497

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CITY CLERKS OFFICE

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
11/03/2014	CALIFORNIA CONSERVATIVES FOR ETHICS AND INTEGRITY IN POLITICS 525 E. SEASIDE WAY STE 101-C LONG BEACH, CA 90802 Committee ID # 1347315	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,800.00
		<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

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

*Fax filed with City of Santa Clarita
(661) 255 - 4938*