Late Contribution Report

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497

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Date Stamp: RECEIVED OCT 20 2014 TOWN CLERK'S DEPT

NAME OF FILER: Paradise Citizens for Measure C

AREA CODE / PHONE NUMBER: (530) 872-1055

I.D Number (if applicable): 1371433

STREET ADDRESS: 6475 Apple Creek Dr

CITY: Paradise

STATE: CA

ZIP CODE: 95967

Date of This Filing: 10/14/2014

Report No. LCR-20141014

☐ Amendment to RptNo. _____

No. of Pages: 1

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, OCCUPATION & EMPLOYER or BUSINESS NAME IF COMMITTEE - ID NUMBER	AMOUNT RECEIVED
10/14/2014	Paradise Police Officers Association 5595 Black Olive Dr Paradise CA 95969	OTH		4,000.00 ☐ Check if Loan % Provide interest rate

** 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