** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
TIME RECEIVED November 5, 2016 at 1:56:58 PM PDT
REMOTE CSID
DURATION 53
PAGES 1
STATUS Received
p.1
Nov 05 16 01:57p

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Milpitas Residents for Fair Garbage Rates, No on L	Date of This Filing: 11/5/16	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 408-942-1110 / I.D. NUMBER (if applicable): 1301029	Report No. 5		For Official Use Only
STREET ADDRESS: 1487 Yosmemite Dr.	☐ Amendment to Report No. ____ (explain below)		
CITY: Milpitas / STATE: CA / ZIP CODE: 95035	No. of Pages 1		

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
11/4/16	NCM Marketing, Inc PO Box 108 Reeders, PA 18352	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,500.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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

Reason for Amendment: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
TIME RECEIVED October 31, 2016 at 10:43:36 PM PDT
REMOTE CSID
DURATION 52
PAGES 1
STATUS Received
Oct 31 16 10:44p
p.1

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing 10/31/16	Date Stamp	CALIFORNIA FORM 497
Milpitas Residents for Fair Garbage Rates, No on L				
AREA CODE/PHONE NUMBER: 408-942-1110	I.D. NUMBER (if applicable): 1301029	Report No. 4	City Clerk's Office NOV - 1 2016 RECEIVED	For Official Use Only
STREET ADDRESS: 1487 Yosemite Dr.		☐ Amendment to Report No. _____ (explain below)		
CITY: Milpitas	STATE: CA / ZIP CODE: 95035	No. of Pages 1		

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
10/28/16	Geo-Logic 2777 E. Guasti Road, Ste 1 Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	City Clerk's Office NOV - 1 2016 RECEIVED	5,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Date Stamp: City Clerk's Office OCT 27 2016 RECEIVED

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/16 through 10/22/16

Date of election if applicable: (Month, Day, Year) 11/8/16

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☑ Primarily Formed Ballot Measure Committee
  - ☑ Controlled
  - ○ Sponsored (Also Complete Part 6)
- ☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- ☑ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1391029

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Milpitas Residents for Fair Garbage Rates, No on L

STREET ADDRESS (NO P.O. BOX): 1487 Yosemite Dr.

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: 408-942-1110

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: 408-942-1110/armandogomezjr@gmail.com

Treasurer(s)

NAME OF TREASURER: Armando Gomez

MAILING ADDRESS: 1487 Yosemite Dr.

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: 408-942-1110

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/16 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 10/27/16 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Solid Waste Disposal Referendum

BALLOT NO. OR LETTER	JURISDICTION	
L	City of Milpitas	☐ SUPPORT ☑ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/16 through 10/22/16

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Milpitas Residents for Fair Garbage Rates, No on L

I.D. NUMBER: 1391029

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 26,000.00	$ 26,000.00
2. Loans Received	*Schedule B, Line 3*	6,000.00	6,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 32,000.00	$ 32,000.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 32,000.00	$ 32,000.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 25,950.64	$ 25,950.64
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 25,950.64	$ 25,950.64
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 25,950.64	$ 25,950.64

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	32,000.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	25,950.64
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 6,049.36

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 6,000.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 6,000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/16
through 10/22/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Residents for Fair Garbage Rates, No on L

I.D. NUMBER
1391029

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/16	Central Valley Construction 1807 Navy Dr. #2 Stockton, CA 95206	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		10,000.00	10,000.00	10,000.00
10/6/16	Guinn Construction 6533 Rosedale Hwy Bakersfield, CA 93302	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		10,000.00	10,000.00	10,000.00
10/21/16	Easy Print Design Inc. 3040 Lawrence, Expressway Santa Clara, Ca 95051	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		6,000.00	6,000.00	6,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	26,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 26,000.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 26,000.00

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/16 through 10/22/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Milpitas Residents for Fair Garbage Rates, No on L

I.D. NUMBER: 1391029

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Armando Gomez 1487 Yosemite Dr. Milpitas, CA 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Armando Gomez Consulting	$	$ 6,000.00	☐ PAID $ ☐ FORGIVEN $	$ 6,000.00 12/31/16 DATE DUE	0 % RATE $ 0	$ 6,000.00 10/21/16 DATE INCURRED	CALENDAR YEAR $ 6,000.00 PER ELECTION** $ 6,000.00
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	6,000.00 $	$	$ 6,000.00 $	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 6,000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 6,000.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/16
through 10/22/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Milpitas Residents for Fair Garbage Rates, No on L

I.D. NUMBER: 1391029

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Advertisers Mailing Service 1725 De La Cruz Blvd., Ste 6 Santa Clara, CA 95050	LIT		25,900.64

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 25,900.64

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 25900.64
2. Unitemized payments made this period of under $100 ..... $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 25950.64

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
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PAGES 1
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Oct 24 16 09:23p
p.1

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Milpitas Residents for Fair Garbage Rates, No on L

AREA CODE/PHONE NUMBER: 408-942-1110

I.D. NUMBER (if applicable): 1391029

STREET ADDRESS: 1487 Yosemite Dr.

CITY: Milpitas STATE: CA ZIP CODE: 95035

Date of This Filing: 10/24/16

Report No. 3

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp: City Clerk's Office OCT 25 2016 RECEIVED

CALIFORNIA FORM 497

For Official Use Only

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
10/21/16	Easy Print Design Inc. 3040 Lawrence Expressway Santa Clara, CA 95051	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		6,000.00 ☐ Check if Loan _____% Provide interest rate
10/21/16	Armando Gomez 1487 Yosemite Dr. Milpitas, CA 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Armando Gomez Consulting	6,000.00 ☒ Check if Loan 0.00 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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SCC – Small Contributor Committee

Reason for Amendment: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
TIME RECEIVED October 7, 2016 at 10:03:02 PM PDT
REMOTE CSID
DURATION 46
PAGES 1
STATUS Received
p.1
Oct 07 16 10:03p

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing 10/7/16	Date Stamp	CALIFORNIA FORM 497
Milpitas Residents for Fair Garbage Rates, No on L			City Clerk's Office	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2	OCT 10 2016	
408-942-1110	1391029		RECEIVED	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
1487 Yosemite Dr.				
CITY	STATE / ZIP CODE	No. of Pages 1		
Milpitas	CA 95035			

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
10/6/16	Guinn Construction 6533 Rosedale HWY Bakersfield, CA 93302	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
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Oct 03 16 09:46p

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Milpitas Residents for Fair Garbage Rates No on L

AREA CODE/PHONE NUMBER: 408-942-1110

I.D. NUMBER (if applicable): 1391029

STREET ADDRESS: 1487 Yosemite Dr.

CITY: Milpitas STATE: CA ZIP CODE: 95035

Date of This Filing: 10/3/16

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp: City Clerk's Office OCT - 4 2016 RECEIVED

CALIFORNIA FORM 497

For Official Use Only

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
9/30/16	Central Valley Construction 1807 Navy Dr. #2 Stockton, CA 95206	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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Reason for Amendment: _____