

#283 P.001/001 03/30/2017 16:47

Received By  
Rep. Town Clerk *J. R. [unclear]*  
Date 03/30/2017  
Time 4:47 p.m.  
Town of Apple Valley

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Measure F/Apple Valley Taxpayers Against Higher Water Fees - Sponsored and Funded by Liberty Utilities			<b>Date of This Filing</b> <u>03/29/2017</u>	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> <u>(916)442-7757</u>	<b>I.D. NUMBER (if applicable)</b> <u>1395364</u>		<b>Report No.</b> <u>259004-01</u>		
<b>STREET ADDRESS</b> <u>455 Capitol Mall, Suite 600</u>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> <u>Sacramento</u>	<b>STATE</b> <u>CA</u>	<b>ZIP CODE</b> <u>95814</u>	<b>No. of Pages</b> <u>1</u>		

## 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
03/29/2017	Liberty Utilities Corp. and affiliated entities 21760 Ottawa Road Apple Valley, CA 92308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00  <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
		<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

From:



# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Measure F/Apple Valley Taxpayers Against Higher Water Fees - Sponsored and Funded by Liberty Utilities		<b>Date of This Filing</b> <u>04/17/2017</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916) 442-7757	<b>I.D. NUMBER (if applicable)</b> 1395364	<b>Report No.</b> <u>259004-02</u>	Received By DEP. Town Clerk D. THOMAS Date <u>4-18-17</u> Time <u>4:15 p.m.</u> Town of Apple Valley	
<b>STREET ADDRESS</b> 455 Capitol Mall, Suite 600		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> <u>1</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/17/2017	Liberty Utilities Corp. and affiliated entities 21760 Ottawa Road Apple Valley, CA 92308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00  <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
		<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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 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
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Reason for Amendment: \_\_\_\_\_

From: \_\_\_\_\_

#327 P.001/001 04/18/2017 16:15

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received By  
Town Clerk  
Date 4-25-17  
Time 5:03 pm  
Town of Apple Valley

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Measure F/Apple Valley Taxpayers Against Higher Water Fees - Sponsored and Funded by Liberty Utilities		<b>Date of This Filing</b> <u>04/25/2017</u>	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> <u>(916)442-7757</u>	<b>I.D. NUMBER (if applicable)</b> <u>1395364</u>	<b>Report No.</b> <u>259004-03</u>		
<b>STREET ADDRESS</b> <u>455 Capitol Mall, Suite 600</u>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> <u>Sacramento</u>	<b>STATE</b> <u>CA</u>	<b>ZIP CODE</b> <u>95814</u>	<b>No. of Pages</b> <u>1</u>	

## 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
04/25/2017	Liberty Utilities Corp. and affiliated entities 21760 Ottawa Road Apple Valley, CA 92308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00  <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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Reason for Amendment: \_\_\_\_\_

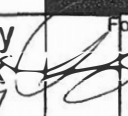
\_\_\_\_\_

#374 P.001/001 05/09/2017 16:03

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Measure F/Apple Valley Taxpayers Against Higher Water Fees - Sponsored and Funded by Liberty Utilities		<b>Date of This Filing</b> 05/09/2017	Date Stamp	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> (916) 442-7757	<b>I.D. NUMBER (if applicable)</b> 1395364	<b>Report No.</b> 259004-04	Received By Town Clerk 	
<b>STREET ADDRESS</b> 455 Capitol Mall, Suite 600		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	Date 5-9-17 Time 4:10 pm Town of Apple Valley	
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 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
05/08/2017	Liberty Utilities Corp. and affiliated entities 21760 Ottawa Road Apple Valley, CA 92308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		60,000.00  <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
		<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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