

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|-------------|--|--|---|
| NAME OF FILER Expenditure for Water Freedom, Supporting Measure P 2017 | | Date of This Filing 4/29/2017 | Date Stamp | CALIFORNIA FORM 497 Official Use Only |
| AREA CODE PHONE NUMBER 760 878-1307 | IC NUMBER | Report No. 1-1 | Received By: <i>Dep. Town Clerk J. Rivera</i> Date: <i>4/10/2017</i> Time: <i>11:10 AM</i> Town of Apple Valley | |
| STREET ADDRESS 12277 Apple Valley Rd #269 | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| CITY Apple Valley | STATE CA | | ZIP CODE 92307 | No. of Pages 1 |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 04/09/2017 | Larry Cusack 18948 Ranson Ct Apple Valley, CA 92307 <i>LOAN</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Apple Valley Communications | 5,000.00 <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

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Received By
Town Clerk
Date 4-25-17
Time 10:00am
497 CONTRIBUTOR Apple Valley

NAME OF FILER
Citizens for Water Freedom, Supporting Measure F 2017

AREA CODE/PHONE NUMBER: (750) 979-1307 I.D. NUMBER: 1395812

STREET ADDRESS: 12277 Apple Valley Rd #269

CITY: Apple Valley STATE: CA ZIP CODE: 92307

Date of This Filing: 04/24/2017

Report No. 17-2

Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp

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 |
|---------------|---|---|--|---|
| 04/24/2017 | Burster Waste Industries 8890 Cherry Ave Fontana, CA 92335 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 <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: _____

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IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee