

05/18/2017 15:59 #381 P.001/001

Received By
Dep. Town Clerk *[Signature]*
Date 5/18/17
Time 4:30 p.m.
Town of Apple Valley

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
No on Measure F/Apple Valley Taxpayers Against Higher Water Fees - Sponsored and Funded by Liberty Utilities

AREA CODE/PHONE NUMBER (916) 442-7757 **I.D. NUMBER (if applicable)** 1395364

STREET ADDRESS
455 Capitol Mall, Suite 600

CITY Sacramento **STATE** CA **ZIP CODE** 95814

Date of This Filing 05/18/2017

Report No. 259004-06

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
05/18/2017	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		50,000.00 <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

*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: _____

From: _____