

497 Contribution Report

Amounts may be rounded to whole dollars.

Received by Dep Town Clerk / Divozi
 Date 6/05/2017
 Time 5:10 P.m.
 Town of Apple Valley

497 CONTRIBUTION REPORT

NAME OF FILER Citizens for Water Freedom, Supporting Measure F 2017		Date of This Filing <u>06/05/2017</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (760) 979-1307	I.D. NUMBER (if applicable) 1395812	Report No. <u>17-7</u>		
STREET ADDRESS 12277 Apple Valley Rd #269		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Apple Valley	STATE CA			

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
06/05/2017	Apple Valley Communications Inc 21845 Highway 18 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/05/2017	Larry Cusack 18930 Kasson Ct Apple Valley, CA 92307	<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	1,800.00 <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

*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: _____