## 497 Contribution Report

**NAME OF FILER**

Ed Smith

**AREA CODE/PHONE NUMBER**

[Redacted]

**STREET ADDRESS**

Monterey, CA 93940

**CITY**

Monterey

**STATE**

CA

**ZIP CODE**

93940

**I.D. NUMBER (If applicable)**

1346143

**DATE OF THIS FILING**

10-6-14

**REPORT NO.**

3

**AMENDMENT TO REPORT NO.**

(Explain below)

**NO. OF PAGES**

2

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1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
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</thead>
<tbody>
<tr>
<td>10-5-14</td>
<td>Monterey Bay Action Committee PO Box 223542 Carmel, CA. 93922</td>
<td>□ IND</td>
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**Reason for Amendment:**

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**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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FPPC Form 497 (March/2011)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 2. Contribution(s) Made

<table>
<thead>
<tr>
<th>DATE MADE</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (If committee, also enter I.D. NUMBER)</th>
<th>CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION</th>
<th>AMOUNT OF CONTRIBUTION</th>
<th>DATE OF ELECTION (If applicable)</th>
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Reason for Amendment: ________________________________