# 497 Contribution Report

**NAME OF FILER**
Yes on Measure Yes  

**AREA CODE/PHONE NUMBER**  
(831) 521-4326  

**I.D. NUMBER (if applicable)**  
1411335  

**STREET ADDRESS**  
552 Fremont St  

**CITY**  
Monterey  

**STATE**  
CA  

**ZIP CODE**  
93940  

**Date of This Filing**  
9-25-18  

**Report No.**  
2  

**Date Stamp**  
(explain below)  

**No. of Pages**  
3  

## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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>
<th>CHECK IF LOAN</th>
<th>PROVIDE INTEREST RATE</th>
</tr>
</thead>
</table>
| 9-24-18       | Monterey Bay Action Committee-Issues  
PO BOX 223542  
Carmel, CA 93933 | □ IND  
□ COM  
X OTH  
□ PTY  
□ SCC | | 2,000.00 | ☐ Check if Loan | Provide interest rate |
| 9-24-18       | Monterey County Hospitality Association (MCHA)  
PO BOX 22352  
Monterey, CA 93933 | □ IND  
X COM  
□ OTH  
□ PTY  
□ SCC | | 3,000.00 | ☐ 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

---

FPPC Form 497 (Jul/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
# 497 Contribution Report

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>Date of This Filing</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes on Measure Yes</td>
<td>9-25-18</td>
<td>CALIFORNIA FORM 497</td>
</tr>
<tr>
<td>AREA CODE/PHONE NUMBER</td>
<td>I.D. NUMBER (if applicable)</td>
<td></td>
</tr>
<tr>
<td>(831) 521-4326</td>
<td>1411335</td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>552 Fremont St</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
</tr>
</tbody>
</table>

## 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Amendment: ____________________________

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov