**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

**497 Contribution Report**

**NAME OF FILER**
Yes on Measure

**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**
10-23-18

**Report No.**
3

**Amendment to Report No.**
(explain below)

**No. of Pages**
3

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**1. Contribution(s) Received**

<table>
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<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>ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
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</table>
| 10-23-18      | Whisten Engineers 9699 Blue Larkspur Ln. Monterey, Ca 93940                                | □ IND              | □ Check if Loan
|               |                                               | □ COM              | Provide interest rate                                                            | 2,500.00        |
|               |                                               | □ OTH              | Provide interest rate                                                            |                 |
|               |                                               | □ PTY              |                                                                                  |                 |
|               |                                               | □ SCC              |                                                                                  |                 |

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Reason for Amendment: ________________________________

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FPPC Form 497 (Jul/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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**NAME OF FILER**
Yes on Measure Yes

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

**I.D. NUMBER (if applicable)**
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**STREET ADDRESS**
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**CITY**
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**STATE**
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**ZIP CODE**
93940

**Date of This Filing**
10-23-18

**Report No.**
3

**No. of Pages**
3

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## 2. Contribution(s) Made

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<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:**

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**FPPC Form 497 (Jul/2016)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

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