

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dana Point Taxpayers Association <hr/> AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable) 1380834	Date of This Filing 04/29/2016 Report No. 1-16 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp CITY OF DANA POINT 2016 APR 29 P 3:37 RECEIVED CITY CLERK'S DEPARTMENT	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS [REDACTED]					
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
04/29/2016	Save Public Parking, No on H; Yes on I (ID# 1384493) [REDACTED]	H: Town Center Initiative I: 2016 Town Center and Public Parking Improvement City of Dana Point	5,000.00	06/07/2016

Reason for Amendment: _____

Additional Comments
Form 497 Contribution Report

ADDITIONAL COMMENTS

CALIFORNIA
FORM **497**

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Dana Point Taxpayers Association

I.D. NUMBER

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