497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

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NAME OF FILER	Yes on P True Ward-True Voice
AREA CODE/PHONE NUMBER	707-498-8086
I.D. NUMBER (if applicable)	1388700
STREET ADDRESS	825 S Street
CITY	Eureka
STATE	CA
ZIP CODE	95501-2061
Date of This Filing	09/20/2016
Report No.	1
☐ Amendment to Report No. (explain below)	
No. of Pages	1

Date Stamp

RECEIVED
SEP 20 2016
CITY ADMINISTRATION

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
09/19/2016	Sedgefield Properties 4100 Broadway Eureka, CA 95503-5736	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: Election November 8, 2016