497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
NO ON MEASURE P SAVE YOUR RIGHT TO VOTE		10-24-16	RECEIVED OCT 24 2016 CITY ADMINISTRATOR	For Official Use Only
AREA CODE/PHONE NUMBER: 707 4455799	I.D. NUMBER (if applicable): 1391664	Report No. 1		
STREET ADDRESS: 3815 G St.		☐ Amendment to Report No. _____ (explain below)		
CITY: EUREKA	STATE: CA / ZIP CODE: 95503	No. of Pages _____		

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
10-21-16	HBE PAC #1321055 624 C St. EUREKA, CA. 95501	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$3000.00 ☐ 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: _____