

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER NO ON PROP E - STOP THE PROHIBITION PROPOSITION, A COALITION OF CONCERNED CITIZENS SUPPORTING FREEDOM OF CHOICE, ADULT CONSUMERS,		Date of This Filing <u>04/30/2018</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 04/30/2018 16:32:09 Filing ID: 171285688 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1397586	Report No. LCR # <u>182</u>		
STREET ADDRESS CITY: <u>SAN FRANCISCO</u> STATE: <u>CA</u> ZIP CODE: <u>94117</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages <u>1</u>		

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>
04/30/2018	SAN FRANCISCO REPUBLICAN COUNTY CENTRAL COMMITTEE (ID# 890605) San Francisco, CA 94104	SAN FRANCISCO REPUBLICAN COUNTY CENTRAL COMMITTEE POLITICAL PARTY	6,000.00	
SLATE CARD PAYMENT				

Reason for Amendment: _____
