

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4))		Date of This Filing <u>09/21/2018</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1404245	Report No. <u>942627-KL</u>		
STREET ADDRESS 1100 K Street, Suite 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/18/2018	No on Prop 5, sponsored by educators, public safety and health care organizations (ID# 1407354) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	Changes Requirements for Certain Property Owners to Transfer Their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute 5 Statewide	178.00	11/06/2018
Aggregated over \$1,000 on 9/21/18 - Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services)				
09/21/2018	No on Prop 5, sponsored by educators, public safety and health care organizations (ID# 1407354) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	Changes Requirements for Certain Property Owners to Transfer Their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute 5 Statewide	100,000.00	11/06/2018
Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services)				

Reason for Amendment: _____