

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Expenditure for Water Freedom, Supporting Measure P 2017		Date of This Filing 4/10/2017	Date Stamp	CALIFORNIA FORM 497 Received By: <i>Dep. Town Clerk J. Rivera</i> Date: <i>4/10/2017</i> Time: <i>11:10 AM</i> Town of Apple Valley
AREA CODE PHONE NUMBER (760) 978-1307	IC NUMBER	Report No. 1-1		
STREET ADDRESS 12277 Apple Valley Rd #269		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Apple Valley	STATE CA	ZIP CODE 92307		
		No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/09/2017	Larry Cusack 18948 Ranson Ct Apple Valley, CA 92307 <i>LOAN</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Apple Valley Communications	5,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

*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

497 Contribution Report

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Received By
Town Clerk
Date 4-25-17
Time 10:00am
497 CONTRIBUTOR Apple Valley

NAME OF FILER
Citizens for Water Freedom, Supporting Measure F 2017

AREA CODE/PHONE NUMBER: (750) 979-1307 I.D. NUMBER: 1395812

STREET ADDRESS
12277 Apple Valley Rd #269

CITY: Apple Valley STATE: CA ZIP CODE: 92307

Date of This Filing: 04/24/2017

Report No. 17-2

Amendment to Report No. _____
(explain below)

No. of Pages: 1

Date Stamp

CALIFORNIA FORM 497
For Official Use Only

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
04/24/2017	Burrtec Waste Industries 8890 Cherry Ave Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

Received By
 Dep Town Clerk Y. Rivera
 Date 05/08/2017
 Time 1:00 p.m.
 Town of Apple Valley

CALIFORNIA
 FORM 497
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NAME OF FILER
 Citizens for Water Freedom, Supporting Measure F 2017

AREA CODE/PHONE NUMBER 1760) 979-1307 I.D. NUMBER (if applicable) 1395812

STREET ADDRESS
 12277 Apple Valley Rd #269

CITY STATE ZIP CODE
 Apple Valley CA 92307

Date of This Filing 25/08/2017

Report No. 17-3

Amendment to Report No. (explain below)

No. of Pages 1

AMT raised 10/11/17

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
05/08/2017	Apple Valley Communications Inc 21845 Highway 18 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____