

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Citizens for Water Freedom, Supporting Measure F 2017			Date of This Filing 05/23/2017	Date Stamp Received By Town Clerk Date 5-23-17 Time 5:30pm Town of Apple Valley	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (760) 979-1307	I.D. NUMBER (if applicable) 1395812	Report No. 17-6 <input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS 12277 Apple Valley Rd #269			No. of Pages 2		
CITY Apple Valley	STATE CA	ZIP CODE 92307			

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
05/23/2017	Larry Cusack 18930 Kasson Ct Apple Valley, CA 92307	<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"/> 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