City of Santa Cla The Center of What's Poss			F	or Official Use Only		
				Page of		
CAMPAIGN CONTRIBUTIONS DISCLOSURE REPORT						
Multipurpose Organizations and influence the outcome of a San report the source(s) of any cont organization for such expenditu	ta Clara local election for tribution of One Hundre	or City offices and/or ed Dollars (\$100) or m	ballot mea Iore made	sures, must		
Type of Report (check all that apply	<i>y</i>):					
Initial Report	Amendment to	filed on:		-		
Organization/Committee/City Contractor						
Organization/Contractor Name:				Committee ID #:		
Name of Indiviual Filing Report:				Position Title:		
Address: (Number and Street)	(City)	(State)	(Zip Code)	Phone Number:		
Mailing Address: (If different than above)				() E-mail:		
Contributor Information						
Contributor's Full Name:				Date Contribution Received:		
Contributor's Address: (Number and Street)	(City)	(State)	(Zip Code)	Amount Received:		
Contributor's Employer/Occupation:				Purpose of Expenditure: Support Opposition		
Type of Expenditure:						
Candidate/Committee Name:						
Ballot Measure:						
Updated 6/19/2018			Campaign C	contributions Disclosure Repor		

				Page of		
Contributor Information						
Contributor's Full Name:				Date Contribution Received:		
Contributor's Address: (Number and Street)	(City)	(State)	(Zip Code)	Amount Received:		
Contributor's Employer/Occupation:				Purpose of Expenditure: Support Opposition		
Type of Expenditure:						
Candidate/Committee Name:						
Ballot Measure:						
Contributor Information						
Contributor's Full Name:				Date Contribution Received:		
Contributor's Address: (Number and Street)	(City)	(State)	(Zip Code)	Amount Received:		
Contributor's Employer/Occupation:				Purpose of Expenditure: Support Opposition		
Type of Expenditure:						
Candidate/Committee Name:						
Ballot Measure:						
Contributor Information						
Contributor's Full Name:				Date Contribution Received:		
Contributor's Address: (Number and Street)	(City)	(State)	(Zip Code)	Amount Received:		
Contributor's Employer/Occupation:				Purpose of Expenditure: Support Opposition		
Type of Expenditure:						
Candidate/Committee Name:						
Ballot Measure:						
Updated 6/19/2018 Campaign Contributions Disclosure Report						

					Page c	of	
Contributor Informa	ation						
Contributor's Full Na	me:				Date Contri	Date Contribution Received:	
Contributor's Addres	s: (Number and Street)	(City)	(State)	(Zip Code)	Amount Received:		
Contributor's Employ	ver/Occupation:				Purpose of Support	Expenditure: Opposition	
Type of Expenditure	:						
Candidate/Committe	e Name:						
Ballot Measure:							
VERIFICATION							
under the laws of the	requirements of the provisions e State of California that I have ained herein is true and compl	e reviewed this Campaig					
Print Name:			Title:				
Signature:		Ex	ecuted on:				
	(original signature)			(month, day	y, year)	_	
Updated 06/19/18				Campaign (Contributions	Disclosure Report	