

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)) - Yes on Prop. 69		Date of This Filing <u>03/27/2018</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>055437-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 <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>
03/26/2018	Coalition to Protect Local Transportation Improvements, Yes on Prop. 69 (ID# 1400937) 1787 Tribute Road, Suite K Sacramento, CA 95815	ACA 5 (Resolution Chapter 30, Statutes of 2017). Frazier. Motor Vehicle Fees and Taxes: Restriction on Expenditures: Appropriations Limit. 69 Statewide	250,000.00	06/05/2018
Contribution made using nonpublic, nondonor funds.				

Reason for Amendment: _____