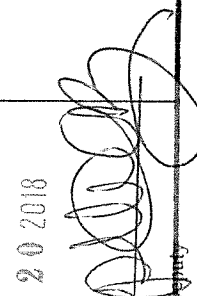


# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b>		<b>Date Stamp</b>		<b>497 CONTRIBUTION REPORT</b>	
Committee for a Responsible Napa County, No on Measure D 2018		Napa County		<b>CALIFORNIA FORM 497</b>	
AREA CODE/PHONE NUMBER		Assessor-Recorder-County Clerk		For Official Use Only	
(707) 294-2775		Election Division			
<b>STREET ADDRESS</b>		APR 20 2018			
1485 Main Street, Suite 205		By: 			
CITY		No. of Pages			
St. Helena		1			
STATE		By: _____			
CA		1			
ZIP CODE		Density			
94574					

## 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
04/20/2018	Professional Helicopter Pilots Association 3075 E. Thousand Oaks Blvd. Thousand Oaks, CA 91362	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <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 _____%

\*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

Reason for Amendment: \_\_\_\_\_