

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee for a Responsible Napa County, No on Measure D 2018

AREA CODE/PHONE NUMBER (707) 294-2775
I.D. NUMBER (if applicable) 1405028

STREET ADDRESS
1485 Main Street, Suite 205

CITY St. Helena **STATE** CA **ZIP CODE** 94574

Date of This Filing 05/15/2018

Report No. 279201-08

Amendment to Report No. _____
(explain below)

No. of Pages 1

FILED
Date Stamp
Napa County
Assessor-Recorder-County Clerk
Election Division

MAY 15 2018

By: *[Signature]*
Deputy

497 CONTRIBUTION REPORT

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
05/14/2018	Amalia B. Palmaz 610 E. Market Street, Unit 3303 San Antonio, TX 78205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Self-Employed	26,000.00 <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