

# 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**  
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## 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