

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee for a Responsible Napa County, No on Measure D 2018		Date of This Filing 05/07/2018	Date Stamp FILED Napa County Assessor-Recorder-County Clerk Election Division MAY 7 2018 Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 294-2775	I.D. NUMBER (if applicable) 1405028	Report No. 279201-06		
STREET ADDRESS 1485 Main Street, Suite 205		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY St. Helena	STATE CA	ZIP CODE 94574	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/04/2018	Jessica Palmaz 4030 Hagen Road Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Palmaz Vineyards	15,000.00
		<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