


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 05/10/2018	Date Stamp FILED Napa County Assessor-Recorder-County Clerk Election Division MAY 10 2018 By:  Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707)294-2775	I.D. NUMBER (if applicable) 1405028	Report No. 279201-07			
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 LD. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/10/2018	Julio 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	10,000.00 <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

