


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 05/04/2018	Report No. 279201-05	Date Stamp FILED Napa County Assessor-Recorder-County Clerk Election Division MAY 4 2018 By:  Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 294-2775	I.D. NUMBER (if applicable) 1405028	<input type="checkbox"/> Amendment to Report No. (explain below)			
STREET ADDRESS 1485 Main Street, Suite 205		No. of Pages 1			
CITY St. Helena	STATE CA	ZIP CODE 94574			

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	Bluebonnet Foods LP 11122 Nacogdoches Road San Antonio, TX 78217	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00
		<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

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