

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Jason Collin for Council 2016		Date of This Filing 10/25/2016	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-542-3722	I.D. NUMBER (if applicable) 1391803	Report No. 1		
STREET ADDRESS 2241 Dover Dr		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY South Lake Tahoe	STATE CA	ZIP CODE 96150	No. of Pages _____	

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
10/24/16	Urbana Tahoe TC, LLC 3411 Lake Tahoe Blvd South Lake Tahoe CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/24/16	Jason Collin 2241 Dover Dr South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barton Healthcare	5000.00 <input checked="" type="checkbox"/> Check if Loan 0.00 _____% 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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