497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER				
Citizens for 9-1-1 Fire and EMS--YES on Z and A		Date of This Filing 09/23/2016	Date Stamp City of Brentwood SEP 2 3 2016 City Clerk	**CALIFORNIA FORM 497**

AREA CODE/PHONE NUMBER

I.D. NUMBER *(if applicable)* 1364888

Report No. 2016-02

For Official Use Only

STREET ADDRESS

☐ Amendment to Report No. _____ *(explain below)*

CITY	STATE	ZIP CODE
Brentwood	CA	94513

No. of Pages ___1___

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
09/22/2016	Mission Peak Homes, Inc Fremont, CA 94539	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$5,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check If Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____