

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: <u>Save Scotts Valley - Yes on 2 Supported by Council Members Dilkes, Johnson, Lind, Reed and Tim</u> AREA CODE/PHONE NUMBER: <u>(831) 566-3180</u> I.D. NUMBER (if applicable): <u>1423931</u> STREET ADDRESS: <u>[REDACTED]</u> CITY: <u>Scotts Valley CA</u> STATE: <u>CA</u> ZIP CODE: <u>95066</u>	Date Stamp Date of This Filing: <u>02-12-2020</u> Report No.: <u>7</u> <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages: <u>1</u>
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CALIFORNIA FORM 497
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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
02/12/2020	<u>Dw Family Properties</u> <u>[REDACTED]</u> <u>Scotts Valley, CA 95066</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	 	<u>\$3,000.00</u> <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

* 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: _____