

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm		Date of This Filing <b>02-24-2020</b>	Date Stamp  <b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (831) 566-3180	I.D. NUMBER (if applicable) 1423931	Report No. _____	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. <b>10</b> (explain below)	
CITY Scotts Valley	STATE CA	ZIP CODE 95066	No. of Pages <b>1</b>

## 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
02-19-2020	San Jose Police Officers Association Political Issues Committee (FPPC #1249833) [REDACTED] San Jose, CA 95112	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$5,000.00</b>  <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: To correct name of contributor and to add contributor's FPPC committee number

\* 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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