

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Campaign for Hollister In Support of Measure W</u>		Date of This Filing <u>9-22-16</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only  <b>RECEIVED</b> SEP 22 2016  BY: <u>[Signature]</u>
AREA CODE/PHONE NUMBER <u>831-637-8588</u>	I.D. NUMBER (if applicable) <u>1390394</u>	Report No. <u>1</u>		
STREET ADDRESS <u>875 San Benito St</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Hollister</u>	STATE <u>Ca</u>	ZIP CODE <u>95023</u>	No. of Pages _____	

## 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
<u>9/21/16</u>	<u>Hollister Police Officers Assn 395 Apollo Way Hollister Ca 95023</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>7,000<sup>00</sup></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

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