

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4))		Date of This Filing <u>10/15/2018</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1404245	Report No. <u>943867-KL</u>		
STREET ADDRESS 1100 K Street, Suite 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/15/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments & transportation adv. (ID# 1400937) 1787 Tribute Road, Suite K Sacramento, CA 95815	Eliminates Recently Enacted Road Repair and Transportation Funding, Prop 6 Statewide	250,000.00	11/06/2018
<small>Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services)</small>				

Reason for Amendment: _____