city of san luis obispo
990 Palm Street, San Luis Obispo, CA 93401-3247
Tel: (805) 781-7100 Fax: (805) 781-7174 ecano@slocity.org

Supplemental Campaign Contribution Statement

(City of San Luis Obispo Municaipal Code Ch2.40.060 & Ch2.40.100)

Date Stamp

For Official Use Only

COMMITTEE NAME

NO ON MEASURE H

ID NUMBER

1329193

COMMITTEE TYPE

PRIMARILY FORMED BALLOT MEASURE - OPPOSE

CANDIDATE NAME

N/A

TREASURER NAME

HILLARY G TROUT

CONTRIBUTION PERIOD STARTING DATE (MM/DD/YYYY)

10/17/10

CONTRIBUTION PERIOD ENDING DATE (MM/DD/YYYY)

12/31/10

CONTRIBUTION PERIOD STARTING DATE (MM/DD/YYYY)

10/17/2010

CONTRIBUTION PERIOD ENDING DATE (MM/DD/YYYY)

12/31/2010

TOTAL EXPENDITURES TO DATE

22,070.51

Monetary Contributions Received

Amounts greater than $50 but less than $100, contributed during this period.

DATE RECEIVED	FULL NAME OF CONTRIBUTOR	FULL ADDRESS OF CONTRIBUTOR (STREET, CITY, STATE, ZIP)	AMOUNT OF CONTRIBUTION
10/19/2010	SUZANNE PARKER	[redacted]	$99.00

Monetary Contributions Received

Amounts greater than $50 but less than $100, contributed during this period.

DATE RECEIVED	FULL NAME OF CONTRIBUTOR	FULL ADDRESS OF CONTRIBUTOR (STREET, CITY, STATE, ZIP)	AMOUNT OF CONTRIBUTION
TOTAL			**$99.00**

Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California and the City of San Luis Obispo that the foregoing is true and correct.

Executed on 12/22/10 by [redacted]

(Date) (Signature of Treasurer)

I have reviewed this statement, and to the best of my knowledge the information contained is true and complete. I certify under penalty of perjury under the laws of the State of California and the City of San Luis Obispo that the foregoing is a true and

Executed on _____ by _____

(Date) (Signature of Candidate)