497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

						497 CONTRIBOTIO	TTTLE OTT
NAME OF FILER			Date of	09/25/2018	Date Stamp	CALIFORNIA	497
Crime Survivors PAC Supporting Spitzer for District Attorney 2018 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1407646		This Filing Report No. 29		E-Filed 09/25/2018	FORM FORM For Official Use Only		
STREET ADDRESS			☐ Amendmer to Report No.	nt	17:20:33 Filing ID: 173872810		
CITY STATE ZIP CODE			(explain below) No. of Pages	1			
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAMI	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF	PLUTER DECE	DUNT	
09/25/2018	Brokerage Design & Committee ID # Pend			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		☐ Check	%
09/25/2018	Townsend Public Aff	fairs, Inc.		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		☐ Check	%
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check	%
Reason for Amendo	ment:				*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu		or SCC)