

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER <b>Citizens for Tax Reform, Yes on MM</b>		Date of This Filing <b>10/27/2016</b>	2016 OCT 27 PM 2:3 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>714 418-7565</b>	I.D. NUMBER (if applicable) <b>1391068</b>	Report No. <b>1</b>		
STREET ADDRESS <b>2618 San Miguel Drive, Suite 535</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/26/2016	Great Scott Tree Service, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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