

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes on O Sausalito 2014		Date of This Filing <u>10/10/14</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 10 2014 CITY OF SAUSALITO </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-272-7811	I.D. NUMBER (if applicable) 1372590	Report No. <u>0-1</u>		
STREET ADDRESS 1001 Bridgeway, #970		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sausalito	STATE CA	ZIP CODE 94965	No. of Pages <u>2</u>	

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
10/10/14	Kimber Management, LLC 10150 35th Way, Suite 150 Sausalito, CA 94965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/10/14	Harrison Holdings, LLC 10150 35th Way, Suite 150 Sausalito, CA 94965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/10/14	BayView Properties c/o Kimber Management, LLC 10150 35th Way, Suite 150 Sausalito, CA 94965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____