

497 Contribution Report

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

FILED
SANTA CRUZ COUNTY, CALIFORNIA
NOV - 1 PM 12:19
497 CONTRIBUTION REPORT

NAME OF FILER Friends of Pajaro Valley Unified School District		Date of This Filing 11/1/12	Date Stamp NOV - 1 PM 12:19	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 831.219.5026 or 831.706.6971	I.D. NUMBER (if applicable) 1349590	Report No. 3		
STREET ADDRESS 5548 Freedom Blvd. or 500 Cathedral Drive (P.O. Box 1959)		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Aptos	STATE CA	ZIP CODE 95003	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/1/12	Northern California District Council of Laborers Issues PAC ID #1273648 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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