

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC AREA CODE/PHONE NUMBER (415) 389-6800 STREET ADDRESS 2350 KERNER BLVD, SUITE 250 CITY SAN RAFAEL	Date of This Filing <u>09/27/2016</u> Report No. ICR #802 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	FILED SEP 27 2016	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) 1388370 STATE ZIP CODE CA 94901			ALBANY CITY CLERK

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
09/27/2016	AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC (NON-PROFIT 501 (C) (6)) 2350 KERNER BOULEVARD, SUITE 250 San Rafael, CA 94901 Committee ID # 1344506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00 <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

*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: _____