

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Resource Conservation PAC		Date of This Filing <u>11/4/2019</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 123886	Report No. _____	RECEIVED NOV 04 2019 MARIN COUNTY ELECTIONS	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Rafael	STATE CA	ZIP CODE 94901		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/4/19	Committee to Restore Memorial Park [REDACTED] San Anselmo, CA 94979 FPPC# 1413684	Measure M	\$5,000	11/5/19

Reason for Amendment: _____