ORIGINAL COPY 2012 NOV -2 P 4: 5€-filed on: **497 Contribution Report** Amounts may be rounded to whole dollars. REC'DS D CO DE 497 CONTRIBUTION REPORT NAME OF FILER Date Stamo Date of Citizens for Patient Rights, sponsored by the Patient Care Association, **CALIFORNIA** This Filing _____11/02/2012 an association of medicinal cannabis patients and patient organizations **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. ___ 1338342 TRAFFICATION CO. to Report No. _ CITY (explain below) STATE ZIP CODE No. of Pages _ San Diego CA 92101 1. Contribution(s) Received DATE IF AN INDIVIDUAL. FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** ENTER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Patient Care Association of CA \$1,000.00 ☐ IND □ сом 10/24/2012 X OTH ☐ Check if Loan Encinitas, CA 92024 ☐ PTY □ scc Provide interest rate Patient Care Association of CA \$1,000.00 ☐ COM 10/30/2012 X OTH ☐ Check if Loan Encinitas, CA 92024 □ PTY ☐ SCC Provide interest rate San Diego Reader \$2,831.00 ☐ IND □ сом 10/31/2012 X OTH ☐ Check if Loan Little India, CA 92101

☐ PTY ☐ SCC

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

Provide interest rate

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee