

497 Contribution Report

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

2012 NOV 14 A 8:44

497 CONTRIBUTION REPORT

NAME OF FILER
Dave Roberts for Supervisor 2012

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1343915

STREET ADDRESS
[REDACTED]

CITY Escondido, CA STATE ZIP CODE 92025

Date of This Filing 11/01/2012

Report No. 110112DR

Amendment to Report No. _____ (explain below)

No. of Pages 1

REC'D S.D. CO. ROV

Date Stamp

CALIFORNIA FORM 497

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2012	Irwin Mark Jacobs [REDACTED] La Jolla, CA 92037 PRIMARY DEBT RETIREMENT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2012	Joan Klein Jacobs [REDACTED] La Jolla, CA 92075 PRIMARY DEBT RETIREMENT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	5,000.00 <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

*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: _____

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