

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Don't Risk Dana Point - Residents Against Measure T			Date of This Filing 10/04/2024	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> CALIFORNIA FORM 497 For Official Use Only Received via email 55 10/4/2024 @ 5:24pm RECEIVED 2024 OCT 7 AM 10:12 </div>
AREA CODE/PHONE NUMBER (619) 708-9744	I.D. NUMBER (if applicable) 1422079	Report No. 10042024		
STREET ADDRESS 374 No. Coast Hwy. 101 Ste. 2			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Encinitas	STATE CA	ZIP CODE 92024	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
10/04/2024	Philip Dohrman <div style="background-color: black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00 <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: _____