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Provide Interest rate

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Reason for Amendment:

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\*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

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Reason for Amendment:				
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Reason for Amendment:

NAME OF FILER Safe, Clean Neighborhood Parks and Open Space for All  Date of This Filling 8/22/2018  AREA CODE/PHONE NUMBER  1.D. NUMBER (If applicable) 1387399  Report No. 082216  Amendment to Report No.  CITY  STATE ZIP CODE  No. of Pages 1  1. Contributions Received  PAIGN FINANCE  To Official Use Only  FORM  497  FORM  497  FORM  497  FORM  497  FORM  497  FORM  Amendment to Report No.  CITY  STATE ZIP CODE  No. of Pages 1  1. Contributions Received  PAIGN FINANCE  THAN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE*  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  FIND	NAME OF FILER Safe, Clean Neighborhood Parks and Open Space for All  Date of This Filing 8/22/2pl8 UG 23 AM 8: 53  AREA CODE/PHONE NUMBER 1.D. NUMBER (If applicable) 1387399  Report No. 082216  Amendment to Report No.  CITY STATE ZIP CODE No. of Pages 1  1. Contributions Received  DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Renee Dake Wilson  Renee Dake Wilson  CALIFORNIA FORM FOR MISSTAND AND STREET ADDRESS AND SIP CODE OF CONTRIBUTOR CODE* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS  AMOUNT OF PAGES 1  IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  CALIFORNIA FORM FOR MISSTAND AND STREET ADDRESS AND SIP CODE OF CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS AND SIP CODE OF CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS AND SIP CODE OF CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS AND SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  AMOUNT SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  DATE OF COMMITTEE, ALSO ENTER LD. NUMBER)  ON A CONTRIBUTOR CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  AMOUNT SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  DATE OF COMMITTEE SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  DATE OF COMMITTEE SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  AMOUNT SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  DATE OF COMMITTEE SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  STREET ADDRESS 1  DATE OF COMMITTEE SIP CODE*  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	497 Contribution	- Capolt	Amounts is	sy be rounded to wh	ole dollars, no A	RECEIVED BY		
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\*Contributor Codes

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497 Contribution Report

AREA CODE/PHONE NUMBER

1. Contributions Received

Safe, Clean Neighborhood Parks and Open Space for All

The Trust for Public Land

I.D. NUMBER (if applicable)

STATE

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

(IF COMMITTEE, ALSO ENTER J.D. NUMBER)

ZIP CODE

1387399

NAME OF FILER

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08/15/2016

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	*Contributor Codes IND - Individual
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**FORM** 

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\$3,716.00

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497 Contribution	Report		Amounts may be rounded to wh	ole dollars.	RECEIVED BY ANGELES COUNT	
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