

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Ann Schneider to Millbrae City Council 2020			Date of This Filing 22 Oct 2020	Date Stamp <b>RECEIVED</b>  OCT 22 2020  CITY OF MILLBRAE ADMIN. DEPT.	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1359246		Report No. 20201022A		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Millbrae	STATE CA	ZIP CODE 94030	No. of Pages 2		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
7 Oct 2020	XUE FOR MILLBRAE CITY COUNCIL 2020 [REDACTED] #1426878 MILLBRAE CA 94030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	NON-MONETARY \$435.71 <input type="checkbox"/> Check if Loan _____% Provide interest rate
21 Oct 2020	XUE FOR MILLBRAE CITY COUNCIL 2020 [REDACTED] #1426878 MILLBRAE CA 94030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	NON-MONETARY \$672.22 <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

Reason for Amendment: \_\_\_\_\_

\* 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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Ann Schneider to Millbrae City Council 2020			Date of This Filing 22 Oct 2020	Date Stamp <b>RECEIVED</b>  OCT 22 2020  CITY OF MILLBRAE ADMIN. DEPT.	CALIFORNIA FORM <b>497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1359246		Report No. 20201022A		
STREET ADDRESS 406 Palm Ave			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Millbrae	STATE CA	ZIP CODE 94030		No. of Pages 2	

## 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)
7 Oct 2020	XUE FOR MILLBRAE CITY COUNCIL 2020 [REDACTED] MILLBRAE CA 94030 #1426878	YOU YOU XUE CITY COUNCIL CITY OF MILLBRAE	NON-MONETARY \$873.73	3 November 2020
21 Oct 2020	XUE FOR MILLBRAE CITY COUNCIL 2020 [REDACTED] MILLBRAE CA 94030 #1426878	YOU YOU XUE CITY COUNCIL CITY OF MILLBRAE	NON-MONETARY \$873.73	3 November 2020

Reason for Amendment: \_\_\_\_\_