

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER YES ON MEASURE II, RESTORE MILLBRAE REC CENTER		Date of This Filing <u>9/11/18</u>	Date Stamp RECEIVED	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1408781	Report No. <u>1</u>	SEP 11 2018	For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY OF MILLBRAE ADMIN. DEPT.	
CITY MILLBRAE	STATE CA	ZIP CODE 94030	No. of Pages <u>1</u>	

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
9.10.18	BLUE LINE TRANSFER, INC 500 EAST JAMIE COURT SOUTH SAN FRANCISCO, CA 94083	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000 <input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> 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 <hr/> <input type="checkbox"/> 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 <hr/> <input type="checkbox"/> 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