

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 (<i>If applicable</i>) 1408781	Report No. <u>2</u>	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	SEP 19 2018	
CITY MILLBRAE	STATE CA	ZIP CODE 94030	No. of Pages <u>1</u>	CITY OF MILLBRAE ADMIN. DEPT.

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
9.18.18	GROUND FLOOR PUBLIC AFFAIRS CORP 58 2ND ST 4TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <input type="checkbox"/> Check if Loan <input type="checkbox"/> Provide interest rate
9.18.18	ALICE KUANG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000 <input type="checkbox"/> Check if Loan <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 <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