

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>9/20/18</u>	Date Stamp RECEIVED	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (<i>if applicable</i>) 1408781	Report No. <u>4</u>	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	SEP 21 2018	
CITY MILLBRAE	STATE CA	ZIP CODE 94030	No. of Pages <u>1</u>	CITY OF MILLBRAE ADMIN. DEPT.

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9.20.18	ANGELO K TSAKOPOULOS & AFFILIATED ENTITIES [REDACTED]	MEASURE II CITY OF MILLBRAE	2500	11/6/18

Reason for Amendment: _____

FPPC Form 497 (Jul/2016)
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