

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

2. Contribution(s) Made

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

Reason for Amendment: _____