

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>YES ON MEASURE II, RESTORE MILLBRAE REC CENTER</b>		Date of This Filing <u>9/11/18</u>	Date Stamp <b>RECEIVED</b>	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1408781</b>	Report No. <u>6</u>	SEP 27 2018	For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>CITY OF MILLBRAE ADMIN. DEPT.</b>	
CITY <b>MILLBRAE</b>	STATE <b>CA</b>	ZIP CODE <b>94030</b>		

## 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
9/26/18	BOCA LAKE RETAIL, INC 466 CALIFORNIA ST #700 SAN FRANCISCO, CA 94101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000 <input type="checkbox"/> Check if Loan % Provide interest rate
8/14/18	ANNE OLIVA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O MARSHAL REALTY SELF EMPLOYED	200 <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