

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

YES ON MEASURE II, RESTORE MILLBRAE REC CENTER

AREA CODE/PHONE NUMBER

[REDACTED]

I.D. NUMBER (if applicable)

1408781

Date of This Filing 9/11/18

Date Stamp

RECEIVED

CALIFORNIA FORM

497

For Official Use Only

STREET ADDRESS

[REDACTED]

CITY

MILLBRAE

STATE

ZIP CODE

CA

94030

Report No. 6

 Amendment to Report No. _____

(explain below)

No. of Pages 1

OCT 8 2018

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
10/7/18	Magnolia of Millbrae 20 Chadborne Millbrae, CA 94030	<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
		<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
		<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