

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

STREET ADDRESS

[REDACTED]

CITY

MILLBRAE

STATE

ZIP CODE

CA

94030

Date of
This Filing 10/10/18Report No. 7 Amendment
to Report No. _____
(explain below)No. of Pages 1

Date Stamp

RECEIVED

OCT 10 2018

CITY OF MILLBRAE
ADMIN. DEPT.CALIFORNIA
FORM

497

For Official Use Only

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
10/9/18	International Brotherhood of Electrical Workers 1701 Leslie Street San Mateo, CA 94402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
10/9/18	Plumbers, Pipefitters, Refrigerations Fitters 1519 Rollins Road Burlingame, CA 94010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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