

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

CA

ZIP CODE

94030

Report No. 10

Amendment to Report No. _____
(explain below)

No. of Pages 1

OCT 29 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
10/26/18	Pacific Gas and Electric 2445 Capital Street, Suite 210 FRESNO, CA 93721	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <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