

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Oliva for City Council 2018			Date of This Filing 10/10/18	Date Stamp RECEIVED OCT 10 2018 CITY OF MILLBRAE ADMIN. DEPT.	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1490255	Report No. 4			
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Millbrae	STATE CA	ZIP CODE 94030	No. of Pages 1		

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
10/10/18	Plumbers & Steamfitters Local No 467 State & Political Action Fund ID 782481 1519 Rollins Road Burlingame, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	1,000	<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