

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Fair Rents 4 Pacifica</i>		Date of This Filing <i>10/11/17</i>	Date Stamp RECEIVED OCT 11 2017 HUMAN RESOURCES	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>415-370-1702</i>	I.D. NUMBER (if applicable) <i>1396404</i>	Report No. <i>3</i>		
STREET ADDRESS <i>211 Manor Dr</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Pacifica</i>	STATE <i>CA</i>	ZIP CODE <i>94044</i>		

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
<i>10/10/17</i>	<i>Housing Leadership Council of San Mateo</i> <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>In Kind - staff Time - \$1,395.00</i> <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

****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

Reason for Amendment: _____