497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| NAME OF FILER Pacifica Coal: Mateo County A | ition for Housing Equals | Date of This Filing11/02/2017 Report No. 2017-18 | | RECEI CALIFORNIA 497 | | | | | |
|---|--|--|-----------------|-----------------------------|---------------------------|------------------------|--|--|--|
| AREA CODE/PHONE NUMBER | | | | I.D. NUMBER (if applicable) | | | n | or Official Use Only | |
| (650)696-8209 1388494 | | | | | | NOV 022017 | | | |
| STREET ADDRESS | | | | ☐ Amendme | nt | | | | |
| | | | | to Report No. | | 0177701 | | | |
| CITY | STATE ZIP CODE | | (explain below) | | | CITY CLERK | | | |
| San Mateo | | CA | 94401 | No. of Pages | 2 | Biomité à desprésace | | | |
| 1. Contribut | ion(s) Received | | | | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | UTOR | CONTRIBUTOR CODE * | | IF AN INDIVIDUAL, CCUPATION AND EMPLOYER LOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | |
| 09/21/2017 | West Coast Mobile | Home Parks Inc | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | | 500.00 Check if Loan -% Provide interest rate | |
| 11/02/2017 | 435 Esplanade, LLC | | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | | 1,000.00 Check if Loan % Provide interest rate | |
| 11/02/2017 | Kwan Lee | | | | IND COM OTH PTY SCC | Executive Lee K & E | Enterprise, Inc | 500.00 Check if Loan ** Provide interest rate | |
| Reason for Ame | ndment: | | | | | INI CC OT PT | ontributor Codes D – Individual DM – Recipient Committee (of the committee for the c | ntity) | |

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| NAME OF FILER Pacifica Coalition Mateo County Assoc | n for Housing Equality, No on C, Sponsored by San | Date of This Filing | 11/02/2017 | Date Stamp | california 497 | |
|--|---|------------------------|-------------------------------|--|----------------|--|
| AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (650) 696–8209 1388494 | | Report No. 20 |)17–18 | | For | Official Use Only |
| (650)696-8209 STREET ADDRESS | ET ADDRESS STATE ZIP CODE | | nt | | | |
| 1. Contribution(| (s) Received | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | BUTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | | AMOUNT RECEIVED |
| 11/02/2017 W | est Coast Mobile Home Parks Inc | | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | | □ Check if Loan ——————————————————————————————————— |
| | | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | ☐ Check if Loan ——————————————————————————————————— |
| | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | ~ | | ☐ Check if Loan % Provide interest rate |
| Reason for Amendme | ent: | | | *Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contributo | siness enti | er than PTY or SCC) ty) |