## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Pacifica Coalition Mateo County Assoc AREA CODE/PHONE NUMB (650)696-8209 STREET ADDRESS  CITY  T. CONTRIBUTION(	1388494  STATE ZIP CODE	Date of This Filing  Report No. 201  Amendment to Report No. (explain below)  No. of Pages	17-13	Date Stamp  RECEIVED  OCT 18 2017  CITY CLERK	ALIFORNIA 497 FORM Official Use Only
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BUSIN	'ER AMOUNT ESS) RECEIVED
10/17/2017 B	roadway Management Company		IND COM OTH PTY SCC IND COM OTH PTY SCC		5,000.00  Check if Loan  Provide interest rate  Check if Loan  Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	*Contributor Codes	☐ Check if Loan  ———————————————————————————————————
Reason for Amendme			IND – Individual  COM – Recipient Committee (other than PTY or SCC)  OTH – Other (e.g., business entity)  PTY – Political Party  SCC – Small Contributor Committee		

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov