497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Pacifica Coalition f Mateo County Associa	lity, No on C, Spo with major fundi	Date of This Filing 10/06/2017 Report No. 2017-11		Date Stamp	CALIFORNIA 497 FORM For Official Use Only			
AREA CODE/PHONE NUMBER				I.D. NUMBER (if applicable)				
(650)696-8209 1388494			_ Koport No.					
STREET ADDRESS				☐ Amendment				
850 Woodside Way				to Report No				
CITY		STATE	ZIP CODE	(explain below)				
San Mateo		CA	94401	No. of Pages	1			
1. Contribution(s)	Received							
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 EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/05/2017 Anno	e Oliva		-		X IND	Broker Anne Oliva		1,000.00
					OTH			☐ Check if Loan
					□ scc			Provide interest rate
					☐ IND ☐ COM ☐ OTH			
					☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
							****	Provide interest rate
					☐ IND ☐ COM ☐ OTH			☐ Check if Loan
					☐ PTY ☐ SCC			% Provide interest rate
Reason for Amendment:	:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)