

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
 Pacifica Coalition for Housing Equality, No on C, Sponsored by San Mateo County Association of Realtors with major funding by National

AREA CODE/PHONE NUMBER
 (650)696-8209

I.D. NUMBER (if applicable)
 1388494

STREET ADDRESS
 [REDACTED]

CITY
 San Mateo

STATE
 CA

ZIP CODE
 94401

Date of This Filing 10/31/2017

Report No. 2017-17

Amendment to Report No. _____
 (explain below)

No. of Pages 2

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Date Stamp

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CITY CLERK

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

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
10/30/2017	Cypress Pointe, Woodmont Real Estate Services [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00
10/30/2017	Seacliff, Woodmont Real Estate Services [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,500.00
10/30/2017	Seapointe, Woodmont Real Estate Services [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,500.00

*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: _____

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AREA CODE/PHONE NUMBER (650) 696-8209	I.D. NUMBER (if applicable) 1388494	Report No. <u>2017-17</u>		
STREET ADDRESS 850 Woodside Way		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Mateo	STATE CA	ZIP CODE 94401	No. of Pages <u>2</u>	

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
10/31/2017	Avalon Bay Communities, Inc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2017	R.W. Zukin Corp [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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