## **497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER	Date of	0/4/40	Date Stamp CALIFO	RNIA 407		
Committee to		9/4/18		FORM 497		
AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)		Daniel Ma	2	RECEIV — For Official Use Only		
	1347639	Report No				
STREET ADDRESS		□Amendmer		SEP 0 4 2018	ļ	
OTIV		to Report No.		by email		
CITY	STATE ZIP CODE	No. of Pages	1	CITY CLERK		
Pacifica	CA 94044					
1. Contributio	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF C (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
9/2/18	Jane Bradley		⊠ IND	Attorney	\$1,000.00	
			☐ COM		☐ Check if Loan	
•			☐ PTY		_ Onbox ii couri	
			□ scc		Provide Interest rate	
			СОМ			
			☐ OTH		☐ Check if Loan	
			scc		Provide Interest rate	
			СОМ			
			OTH PTY		☐ Check if Loan	
			scc		Provide interest rate	
		<u> </u>			Trovide Microst rate	
				**Contributor Codes		
			!ND - Individual COM - Recipient Committee (other than PTY or SCC)			
				OTH — Other (e.g., business entity) PTY — Political Party		
Reason for Amend	ment:			SCC - Small Contributor Committee		

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