

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER SUZANNE MOORE		Date of This Filing _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>Date Stamp</small> RECEIVED SEP 05 2018 CITY CLERK </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1404679	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY PACIFICA	STATE CA	ZIP CODE 94044		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/5/18	MARY BIER FOR CITY COUNCIL 2018 POB 1764 PACIFICA CA 94044	MARY BIER CITY COUNCIL PACIFICA, CA	\$ 2000.00	11/6/18

Reason for Amendment: _____
