

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER PACIFICA BACPAC		Date of This Filing 10/17/2018	Date Stamp	CALIFORNIA FCRM 497 For Official Use Only
AREA CODE/PHONE NUMBER 650-738-4900	I.D. NUMBER (if applicable) 1369839	Report No. 2	RECEIVED OCT 18 2018 CITY CLERK	
STREET ADDRESS 1005 TERRA NOVA BL STE A		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY PACIFICA	STATE CA	ZIP CODE 94044	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/17/2018	CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE-CALIFORNIA ASSOCIATION OF REALTORS 525 S.VIRGIL AVENUE LOS ANGELES, CA 90020 FPPC ID# 890106, ALL PURPOSE ACCOUNT	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4500 <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
		<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

****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: _____