Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of		Date Stamp CALIFO	ORNIA 497	
STREET ADDRESS CITY	NUMBER I.D. NUMBER (if applicable) 1411378 STATE ZIP CODE on(s) Received	Report No. 09 Amendment to Report No. (explain below) No. of Pages	nt	SEP 28 2018 SEP 28 CITY CLERK	Official Use Only	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF COI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
07/24/2018	Rafael Porter		X IND COM OTH PTY SCC	Customer Experience Manager Wiline Networks	12.17 Check if Loan ** Provide interest rate	
07/28/2018	Rafael Porter		IND COM OTH PTY SCC	Customer Experience Manager Wiline Networks	75.00 Check if Loan Provide interest rate	
07/31/2018	Rafael Porter			Customer Experience Manager Wiline Networks	273 . 88	
Reason for Ame	ndment:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)	

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

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Shaw Porter for Pacifica City Council 2018			Date of This Filing	09/25/2018	Date Stamp CA	CALIFORNIA 497	
AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) 1411378		Report No. 09252018-1			For Official Use Only		
STREET ADDRESS		Amendment to Report No					
CITY	TY STATE ZIP CODE		No. of Pages4				
1. Contributi	on(s) Received			-			
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINE		
08/06/2018	Rafael Porter			X IND ☐ COM	Customer Experience Manager Wiline Networks	150.00	
	In-Kind			OTH PTY SCC		Check if Loan	
08/12/2018	Rafael Porter			IND COM OTH PTY SCC	Customer Experience Manager Wiline Networks	300.00 Check if Loan % Provide interest rate	
08/13/2018	Rafael Porter			IND COM OTH PTY SCC	Customer Experience Manager Wiline Networks	☐ Check if Loan ———————————————————————————————————	
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Committe OTH – Other (e.g., busine: PTY – Political Party SCC – Small Contributor Co	ee (other than PTY or SCC)	

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

						497 CC	NTRIBUTION REPORT
NAME OF FILER Shaw Porter for Pacifica City Council 2018			Date of	00/25/2010	Date Stamp	CALIFORNIA 407	
			This Filing	09/25/2018			FORM 431
AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable)		Report No. 09	252018-1		For	Official Use Only	
OTDEET ADDRESS		1411378					
STREET ADDRESS		_	☐ Amendme				
		to Report No. (explain below)					
CITY		STATE ZIP CODE	1	Α			
			No. of Pages				
1. Contributi	on(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 EI (IF SELF-EMPLOYED, ENTER NAME O	R OCCUPATION AND EMPLOYER A	
08/22/2018	Rafael Porter				Customer Experience Man		253.63
		·		IND ☐ COM	Wiline Networks		
				ОТН			☐ Check if Loan
	In-Kind			☐ PTY			
				□ scc			Provide interest rate
08/31/2018	Rafael Porter			X IND	Customer Experience Mar Wiline Networks	nager	4.99
				COM	WIIIIIE NECKOINS		
				□ отн			☐ Check if Loan
	In-Kind			□ PTY			
				□ scc			Provide interest rate
09/01/2018	Rafael Porter			X IND	Customer Experience Mar Wiline Networks	nager	250.00
				COM	MIIIIE MECMOINS		
		 ·		□ отн			☐ Check if Loan
	In-Kind			□ PTY			
				□ scc			Provide interest rate
					*Contributor Codes		
					IND – Individual	ommittee (oth	ner than PTY or SCC)
					OTH - Other (e.g.,	business en	ity)
Reason for Ame	ndment:				PTY – Political Part		tee
Reason for Ame	ndment:				PTY - Political Part	у	

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

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

Shaw Porter for Pacifica City Council 2018 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1411378 STREET ADDRESS			Date of This Filing09/25/2018 Report No Amendment to Report No (explain below)		Date Stamp	FORM 497	
CITY	Y STATE ZIP CODE			4			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAP	ME, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU		AMOUNT RECEIVED
09/06/2018	Rafael Porter			IND COM OTH PTY SCC	Customer Experience Manage Wiline Networks	er	610.00 Check if Loan ** Provide interest rate
09/11/2018	Rafael Porter			IND COM OTH PTY SCC	Customer Experience Manage Wiline Networks	er	804.82 Check if Loan Provide interest rate
09/13/2018	Rafael Porter			IND COM OTH PTY SCC	Customer Experience Manage Wiline Networks	er	16.00 Check if Loan ** Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Comm OTH – Other (e.g., bus PTY – Political Party SCC – Small Contributor	siness entit	y)