497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER
Coalition for Housing Equality Burlingame, Sponsored by San Mateo County Association of Realtors, No on R

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER *(if applicable)*
1390234

STREET ADDRESS
[redacted]

CITY STATE ZIP CODE
[redacted]

Date of This Filing 09/22/2016

Report No. 2016-1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp
RECEIVED
SEP 22 2016
CITY CLERK'S OFFICE
CITY OF BURLINGAME

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
09/12/2016	San Mateo County Association of Realtors [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00 ☐ Check if Loan _____% Provide interest rate
09/22/2016	1108 Peninsula Avenue, LLC [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____