# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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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 09/23/2016

Report No. 2016-2

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp
RECEIVED
SEP 23 2016
CITY CLERK'S OFFICE
CITY OF BURLINGAME
[redacted]

## 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 |
|---|---|---|---|---|
| 09/23/2016 | San Mateo County Association of Realtors [redacted] | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | 50,000.00 ☑ Check if Loan ~~0~~ % Provide interest rate |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | ☐ 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: _____