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. 2016-3

☐ 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 *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/23/2016	Coalition for Housing Equality, Sponsored by the San Mateo County Association of Realtors, No on Q [redacted] Committee ID # 1388494	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		45,000.00 ☐ Check if Loan _____% 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: _____