497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
BURLINGAME ADVOCATES FOR RENTER PROTECTIONS	9-26-16	RECEIVED SEP 26 2016 CITY CLERK'S OFFICE CITY OF BURLINGAME	For Official Use Only
AREA CODE/PHONE NUMBER: [redacted] I.D. NUMBER (if applicable): 1385244	Report No.		
STREET ADDRESS: [redacted]	☐ Amendment to Report No. (explain below)		
CITY: [redacted] STATE ZIP CODE	No. of Pages		

1. Contribution(s) Received

[redacted]

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
9/23/16	DIANA REDDY [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COMMUNITY ORGANIZER, HOUSING LEADERSHIP COUNCIL	$ 3,000.00 ☐ 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: _____