

497 Contribution Report

_____ dollars.

NAME OF FILER

Burlingame Neighbors United No On Measure

Date of This Filing _____

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

81-39-65127 R

Report No. _____

RECEIVED

For Official Use Only

OCT 24 2016

STREET ADDRESS

Amendment to Report No. _____ (explain below)

CITY CLERK'S OFFICE
CITY OF BURLINGAME

CITY

STATE

ZIP CODE

No. of Pages _____

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
<i>10/19/2016</i>	<i>Lamplighter Apartments</i> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Lamplighter Apartments Gus Panos</i>	<input checked="" type="checkbox"/> Check if Loan <i>\$3,000.00</i> _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: _____