

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> BURLINGAME ADVOCATES FOR PROTECTIONS AREA CODE/PHONE NUMBER [REDACTED] STREET ADDRESS [REDACTED] CITY STATE ZIP CODE [REDACTED]	REENTER I.D. NUMBER (if applicable) 1385244	Date of This Filing <u>10.24.16</u> Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	Date Stamp <b>CALIFORNIA FORM 497</b> <b>RECEIVED</b> OCT 24 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
10/22/16 SAT.	Service Employees International Union Local 1021 ISSUES PA c #1290947 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00  <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
		<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

Reason for Amendment: \_\_\_\_\_

**\*\*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