

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|--|---|------------|---|
| NAME OF FILER Urban Habitat | | Date of This Filing <u>9/14/17</u> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 510-839-9510 | I.D. NUMBER (if applicable) 20-0275424 | Report No. _____ | | |
| STREET ADDRESS <div style="background-color: black; width: 100%; height: 40px;"></div> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | 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 |
|---------------|---|--|---|---|
| | | <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 |
| | | <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

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| AREA CODE/PHONE NUMBER 510-839-9510 | I.D. NUMBER (if applicable) 20-0275424 | Report No. _____ | | |
| STREET ADDRESS <div style="background-color: black; height: 30px; width: 100%;"></div> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | No. of Pages _____ | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|----------------------------------|
| 9/14/17 | P.O. Box 1489 Pacifica, CA 94044 | Pacifica Community Preservation, Rent Stabilization, and Renters' Rights Act | 5000.00 | Nov. 7, 2017 |
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Reason for Amendment: _____