

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Clear Page

Print Form

497 CONTRIBUTION REPORT

NAME OF FILER
Fair Rents 4 Pacifica

AREA CODE/PHONE NUMBER [REDACTED] ID. NUMBER (if applicable)
1396404

STREET ADDRESS [REDACTED]

CITY STATE ZIP CODE
Pacifica CA 94044

Date of This Filing **9/20/17**

Report No. **3**

Amendment to Report No. (explain below)

No. of Pages **1**

RECEIVED CALIFORNIA FORM **497**
For Official Use Only

SEP 20 2017

CITY CLERK

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/19/17	Urban Habitat ID # 20-0275424 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <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

**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: _____