

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Vickie Flores</b>		Date of This Filing <b>9/14/2018</b>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <small>Date Stamp</small>  <b>SEP 14 2018</b>  <b>CITY CLERK</b> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b>  <small>For Official Use Only</small> </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1406898</b>	Report No. <b>2</b>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <b>Pacifica</b>	STATE <b>CA</b>	ZIP CODE <b>94044</b>		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/13/2018	Jane Bradley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law	1,000.00 <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

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