

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Pacificans for Responsible Government Opposing John Keener		Date of This Filing <u>10-9-2018</u>	Date Stamp RECEIVED OCT 09 2018 <i>Human Resources</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 650 359-8482	I.D. NUMBER (if applicable) <i>For City Council</i> 1411474	Report No. <u>2</u>		
STREET ADDRESS 446 Old County Road -Suite 100, #112		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pacifica	STATE CA	ZIP CODE 94044	No. of Pages <u>1</u>	

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
10-9-2018	Seacliff Apartments Pacifica Partners Woodmont Real Estate Services as Trustee 1050 Ralston Avenue Belmont, CA 94002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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