

Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA
Form 497

For Official Use Only

Date St

Clear Page

Print Form

NAME OF FILER

Ann Keighren - Citizens to Re-elect Ann

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

Keighren for
Burlingame

Date of
This Filing 10/2/17

Report No. _____

☐ Amendment
to Report No. _____
(explain below)

No. of Pages _____

RECEIVED

OCT 02 2017

CITY CLERK'S OFFICE
CITY OF BURLINGAME

STREET ADDRESS

CITY

Burlingame

STATE

ZIP CODE

Ca 94010

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
9/29/17 (Friday)	Plumbers & Steam Fitters Lock 1 no 467 1519 Rollins Road Burlingame, Ca 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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:

Contribution \$1,000

****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