

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER REELECT ORTIZ TO BURLINGAME CITY COUNCIL 2017		Date of This Filing _____	Date Stamp <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> OCT 26 2017 CITY OF BURLINGAME OFFICE	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.5em;">CALIFORNIA FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER 650	I.D. NUMBER (if applicable) 1359514	Report No. _____		
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____ STATE _____ ZIP CODE _____ Text		No. of Pages 1		

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
10/26/17	International Brotherhood of Electrical Workers Local No 617 #990208 1701 Leslie St., San Mateo, CA 94402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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

**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: _____