

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Committee to Protect and Preserve Foster City Yes on Measure F</b>		Date of This Filing <b>5-22-2018</b>	CITY Date Stamp PER UT EMID	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1404940</b>	Report No. _____	18 MAY 22 PM 2: 57 <b>RECEIVED</b>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
CITY <b>Foster City</b>	STATE <b>CA</b>	ZIP CODE <b>94404</b>	No. of Pages _____	

## 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
5-22-2018	<b>Recology, Inc.</b> [REDACTED] <b>San Francisco, CA 94111-9796</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$5,000.</b> <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