497 Contribution Report Amounts may be rounded to whole dollars. Date Starfig 31 NAME OF FILER Date of CALIFORNIA 3/6/2020 Committee to Recall Council Member Herb Perez This Filing _ **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 20 MAR -6 PM 2: 50 For Official Use Only Report No. ___ 1418889 STREET ADDRESS RECEIVED ☐ Amendment to Report No. ___ (explain below) STATE ZIP CODE No. of Pages _ Foster City CA 94404 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR ENTER OCCUPATION AND EMPLOYER AMOUNT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **RECEIVED** (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CODE* RECEIVED Stacy Jimenez Attorney X IND Self-employed \$ 2466.65 ☐ COM Foster City CA 94404 3/6/2020 ☐ OTH □ Check if Loan ☐ PTY ☐ SCC Provide interest rate □ IND ☐ COM ☐ OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate ☐ IND ☐ COM □ OTH ☐ Check if Loan

Reason for Amendment: _____

* Contributor Codes

IND - Individual

☐ PTY ☐ SCC

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Provide interest rate