

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Committee to elect PaulCWilliams for Foster City City Council201

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1406871

STREET ADDRESS

CITY

Foster City

STATE

CA

ZIP CODE

94404

Date of
This Filing

10-1-2018

Date Stamp

OFFICE OF FOSTER CITY/
EMID

Report No.

18 OCT -1 PM 3:39

☐ Amendment
to Report No.
(explain below)

No. of Pages

1

CALIFORNIA
FORM

497

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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
10-1-2018	CREPAC-C.A.R. Candidate Support ID # 890106 [REDACTED]	<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

**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: _____