**497 Contribution Report**

**NAME OF FILER:** Gabriella Maksytem for City Council 2018

**DATE OF THIS FILING:** 9/12/18

**ADDRESS:** Daly City, CA 94014

**DATE RECEIVED:**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/11/18</td>
<td>HTE Entertainment Group 1329 Marlborough Rd Hillsborough, CA 94010</td>
<td>□ IND</td>
<td>□ Check if Loan □ Provide interest rate</td>
<td>1500</td>
</tr>
<tr>
<td></td>
<td>Health Professionals, Inc 7216 Mission St. Daly City, CA 94014</td>
<td>□ IND</td>
<td>□ Check if Loan □ Provide interest rate</td>
<td>1000</td>
</tr>
</tbody>
</table>

**Reason for Amendment:**

**CALIFORNIA FORM 497**

**CITY OF DALY CITY**

**CITY CLERK**

**For Official Use Only**

**RECEIVED**

**2018 SEP 12 P 3 24**

**FPPC Form 497 (Jul/2016)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**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