

**497 Contribution Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

Received

497 CONTRIBUTION REPORT

NAME OF FILER GREG BROCKBANK / BROCKBANK FOR MAYOR 2011		Date of This Filing 11/7/11	Date Stamp NOV - 8 2011 Time: 9:05 AM. City Clerk's Office City of San Rafael	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415) 717-7056	I.D. NUMBER (if applicable) 1339236	Report No. 1		
STREET ADDRESS 101 Lucas Valley Road #380		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Rafael	STATE CA	ZIP CODE 94903	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 <sup>A</sup>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/7/11	SEIU United Healthcare Workers West Political Action Committee Small Contributor Committee (ID # 747285) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$ 1500.00 <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