

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC <hr/> AREA CODE/PHONE NUMBER (415)389-6800 I.D. NUMBER (if applicable) 1422181 <hr/> STREET ADDRESS <hr/> CITY SAN RAFAEL STATE CA ZIP CODE 94901			Date of This Filing 11/01/2019 <hr/> Report No. LCR # 1345 <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages 5	Date Stamp <hr/> Page 1 of 5	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/28/2019	DOORDASH, INC. San Francisco, CA 94103 Memo Reference: INC:S497:2	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000,000.00
10/28/2019	MAPLEBEAR INC., DBA INSTACART San Francisco, CA 94105 Memo Reference: INC:S497:4	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000,000.00
10/29/2019	POSTMATES INC. San Francisco, CA 94103 Memo Reference: INC:S497:22	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/30/2019	LYFT, INC San Francisco, CA 94107 Memo Reference: INC:S497:20	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000,000.00
10/30/2019	UBER TECHNOLOGIES, INC. San Francisco, CA 94103 Memo Reference: INC:S497:18	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. _____ LCR # 1345 _____	Page 3 of 5		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages _____ 5 _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: INC:S497:18

LOAN;(REC'D THRU I/M CA'S FOR INNOVATION & OPPORTUNITY ,FPPC ID 1420785,455 CAPITOL MALL,STE 600,SAC,CA 95814

Memo Reference: INC:S497:20

LOAN;(REC'D THRU I/M CA'S FOR INNOVATION & OPPORTUNITY ,FPPC ID 1420785,455 CAPITOL MALL,STE 600,SAC,CA 95814

Memo Reference: INC:S497:22

LOAN

Memo Reference: INC:S497:4

LOAN

Memo Reference: INC:S497:2

LOAN; (REC'D THRU I/M CA'S TO PROTECT WORKER INDEPENDENCE AND CONSUMER CHOICE, FPPC ID 1420807, SAME ADDRESS AS FILER)
