

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 01/28/2020 <hr/> Report No. LCR # 1527 <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages 3	Date Stamp <hr/> Page 1 of 3	CALIFORNIA FORM 497 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
10/31/2019	UBER TECHNOLOGIES, INC. San Francisco, CA 94103 Memo Reference: NON:\$497:171	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$28,522.62
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*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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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181		Report No. _____ LCR # 1527 _____		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages _____ 3 _____		

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: NON:S497:171
NON-MONETARY CONTRIBUTION
