

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>CORINA LOPEZ for CITY COUNCIL 2010</b>		Date of This Filing <b>11/1/10</b>	Date Stamp <b>CITY OF SAN LEANDRO</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(510) 520-1741</b>	I.D. NUMBER (if applicable) <b>1324104</b>	Report No. <b>1</b>	<b>NOV 01 2010</b>	
STREET ADDRESS <b>1271 Washington #729</b>		<input checked="" type="checkbox"/> Amendment to Report No. (explain below) <b>460</b>	<b>CITY CLERK'S OFFICE</b>	
CITY <b>SAN LEANDRO, CA</b>	STATE <b>CA</b>	ZIP CODE <b>94577</b>	No. of Pages <b>1</b>	

**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
<b>10/28/10</b>	<b>CORINA LOPEZ 1271 WASHINGTON #729 SAN LEANDRO, CA 94577</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>CANDIDATE</b>	<b>9,500</b> <input checked="" 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: **LATE CONTRIBUTION**

\*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