

497 Contribution Report

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

497 CONTRIBUTION REPORT

| | | | | |
|---------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| NAME OF FILER Souza for Mayor | | Date of This Filing <u>08/14/14</u> | Date Stamp CITY OF SAN LEANDRO AUG 14 2014 CITY CLERK'S OFFICE | CALIFORNIA FORM 497 <small>For Official Use Only</small> |
| AREA CODE/PHONE NUMBER 510-825-2393 | I.D. NUMBER (if applicable) 1366011 | Report No. <u>2</u> | | |
| STREET ADDRESS 699 Lewelling Blvd. #146, PO Box 175 | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| CITY San Leandro | STATE CA | ZIP CODE 94579 | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET 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 |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 08/13/14 | JAM Global Group 248 3rd Street Oakland, CA 95607 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| | | <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 _____% <small>Provide interest rate</small> |
| | | <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 _____% <small>Provide interest rate</small> |

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