

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>Friends of Jim Prola</i>		Date of This Filing <i>05/21/08</i>	Date Stamp CITY OF SAN LEANDRO	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>510-483-0744</i>	I.D. NUMBER (if applicable) <i>1302553</i>	Report No. <i>001</i>	MAY 21 2008	
STREET ADDRESS <i>2234 Belvedere Avenue</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY CLERK'S OFFICE	
CITY <i>San Leandro, CA</i>	STATE	ZIP CODE <i>94577</i>	No. of Pages <i>1</i>	

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
<i>05/21/08</i>	<i>American Federation of State, County & Municipal Employees 1625 L Street, N.W. Washington, DC 20036 ID# C70000120</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>2,650.00</i> <i>In-Kind</i> <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