

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Elect Joyce Starosciak		Date of This Filing 5/29/08	Date Stamp CITY OF SAN LEANDRO	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510 351-3463	I.D. NUMBER (if applicable) 1254246	Report No. 2	MAY 29 2008	
STREET ADDRESS 15208 Ranger Road		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	CITY CLERK'S OFFICE	
CITY San Leandro	STATE CA	ZIP CODE 94579	No. of Pages _____	

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
5/28/08	The Sentinels FPPC # 782563 151 Callan Ave Ste 212 San Leandro, CA 94577	<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 _____% Provide interest rate
5/28/08	Deputy Sheriffs Assoc of Ala County PAC FPPC#1267583 555 Capitol Mall Ste 1425 Sacramento, CA 95814	<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 _____% 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

*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

Reason for Amendment: _____