

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Linda Perry for City Council		Date of This Filing 5/30/08	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (510) 357-4165	I.D. NUMBER (if applicable) 1305206	Report No. 1	CITY OF SAN LEANDRO MAY 30 2008 CITY CLERK'S OFFICE	For Official Use Only
STREET ADDRESS 1527 139th Avenue				
CITY San Leandro	STATE CA	ZIP CODE 94578		
		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
		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
5/30/08	Northern California Carpenters Regional Council Small Contributor Committee 265 Hegenberger Road, Suite 2000 Oakland, CA 94621 FPPC ID# 972104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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