497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER		Date of This Filing	Date Stamp
Elisa Marquez for Hayward City Council 2016		3/19/16	03/19/16 12:13 CLK
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1	
(510) 910-3833	1376289		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	
CITY	STATE / ZIP CODE	No. of Pages 1	
Hayward	CA 94544		

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
3/17/16	International Brotherhood of Electrical Workers Local 595 PAC ID# 1273532	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1,336.00 ☐ Check if Loan _____% Provide interest rate
	6250 Village Parkway Dublin, CA 94568	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____