Prop

MULTIPLE

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497 Contribution Report

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

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER: EAST BAY COALITION NO ON 98 / YES ON 99

AREA CODE/PHONE NUMBER: 510-845-7194

I.D. NUMBER (if applicable): 1306288

STREET ADDRESS:

CITY: BERKELEY

STATE: CA

ZIP CODE: 94704

Date of This Filing: 6-2-2008

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp: RECEIVED AND FILED in the office of the Secretary of State of the State of California
JUN 02 2008
DEBRA BOWEN
Secretary of State

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
6-2-2008	SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1021 SACRAMENTO, CA 95814 ID # 1296947	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ 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: _____