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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: Oakland Rising No on 98/Yes on 99 - Committee Sponsored by Urban Habit

AREA CODE/PHONE NUMBER: (510) 834-8920 ext. 306

I.D. NUMBER (if applicable): 1306845

STREET ADDRESS:

CITY: STATE: ZIP CODE:

Date of This Filing: 5/23/2008

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 of the State of California

MAY 23 2008

HRB

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 |
|---|---|---|---|---|
| 5/23/2008 | SCOPE STATE ALLIANCE | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | $9,000 ☐ 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: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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