

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER <i>Re-Elect Reel 2012, San Leandro City Council</i>		Date of This Filing <i>10-29-12</i>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <i>510 421-7892</i>	I.D. NUMBER (if applicable) <i>1303963</i>	Report No. _____		CITY OF SAN LEANDRO OCT 29 2012 CITY CLERK'S OFFICE
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>San Leandro</i>	STATE <i>CA</i>	ZIP CODE <i>94578</i>	No. of Pages <u>1</u>	

Late 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
<i>10/29/12</i>	<i>Mr. David Greenberg</i> [REDACTED] <i>Fairway, CA 94541</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Nurse</i> <i>Lifelong Medical Clinic</i>	<i>\$2,500.</i> <input type="checkbox"/> Check if Loan
		<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
		<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

***Contributor Codes**

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: *Late contribution*