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User's Manual

Campaign Finance:

## PROLA FOR SAN LEANDRO CITY COUNCIL 2012, JIM

### **Election Cycle:**

C 2017 through 2018

Historical

#### View Information:

(Due to the amount of data, these pages may take some time to load.)

- General Information
- Contributions Received
- Contributions Made
- **Expenditures Made**
- Late and \$5000+ Contributions Received
- Late Contributions Made
- Late Independent Expenditures
- Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

#### HISTORICAL NAMES FOR THIS COMMITTEE

PROLA, FRIENDS OF JIM

FILER ID:

1302553

FILER PHONE:

(510) 483-0744

SUMMARY INFORMATION - PROLA FOR SAN LEANDRO CITY COUNCIL 2012, JIM (ID# 1302553)

**CURRENT STATUS** 

TERMINATED 06/30/2013

This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.



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Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		CITY OF SAN LEANDRO FEB <b>0 1</b> 2017 CITY CLERK'S OFFICE	CALIFORNIA 470 FOR Official Use Only			
1.	. Statement Covers Calendar Year 20								
2.	STREET ADDRESS  234 Belveler  CITY  SAN LEANDRES  AREA CODE/DAYTIME PHONE NUMBER	DIM Trole  SEET ADDRESS  JURISE  STATE ZIP CODE  STATE ZIP CODE  STATE ZIP CODE  A CODE/DAYTIME PHONE NUMBER  OPTIONAL: FAX/E-MAIL ADDRESS			ESOUGHT OR HELD  LITY COUNCIL  ICTION (LOCATION)  DISTRICT NUMBER (IF APPLICABLE)				
4.	List all committees of which you have knowledge that are primarily formed to receive								
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS						
5.	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on								

OITY OF SAN LEANDRO

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Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		Date Stamp	For Official Use Only  JUL 0 7 2015
						CITY CLERK'S OFFICE
1.	Statement Covers Calendar Year 2	20				
2.	Officeholder or Candidate Inform	ation		3. Office Sought		
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR H	IELD	7
	Jim Prola		City Council JURISDICTION (LOCATIO	N.B.	DISTRICT NUMBER	
	STREET ADDRESS			•	אני)	(IF APPLICABLE)
	2234 Belvedere Avenue  CITY STATE ZIP CODE			San Leandro		
	San Leandro	CA 9457				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL				
	(510) 483-0744					
4.	Committee Information List all committees of which you have known	ontributions or to mak	e expenditures on behalf	of your candidacy.		
	COMMITTEE NAME AND I.D. NUMBER COMMITTEE			DRESS	NAME OF TREASURER	
	MONE					
5.	Verification					
	I declare under penalty of perjury that to the bused all reasonable diligence in preparing this  Executed on DAT  Clear Form Print Form	s statement. I certify under penalt	that I will receive le y of perjury under	ess than \$1,000 and that the laws of the State of C	California that the foregoing is  SIGNATURE OF OFFICEHO  FI  FPPC Form 470/470 Su	s true and correct.

OFF SAN LEANDRO CITY CLERK'S OFFICE

Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable:	Amendment (Explain Be		TY OF SAN LEANDRO	CALIFORNIA 470 FORM 470	
		(Month, Day, Year)			JUL 0 7 2014  SITY CLERK'S OFFICE		
1.	Statement Covers Calendar Year 2	20 14.					
2.	Officeholder or Candidate Inform	ation		e Sought		the state of the s	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE	SOUGHT OR H	ELD		
	Jim Prola		•	Council			(
	STREET ADDRESS		JURISD	ICTION (LOCATIO	DN)	DISTRICT NUMBER (IF APPLICABLE)	
	2234 Belvedere Avenue			Leandro		6	,
	CITY	STATE ZIP COD					
	San Leandro  AREA CODE/DAYTIME PHONE NUMBER	CA 9457  OPTIONAL: FAX / E-MAIL.					
		UPTIONAL: FAXTE-MAIL	ADDKE22				
_	(510) 483-0744						
4.	<ul> <li>Committee Information</li> <li>List all committees of which you have knowledge that are primarily formed to receive contribu</li> </ul>				e evnenditures on behalf of v	our candidacy	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS		NAME OF TREASURER		
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							7
5.	Verification						
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	used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Executed on sulfy 3, 2014  By My Trola							
	Executed on DATI	. Ву	—— <i>X</i>	SIGNATURE OF OFFICEHOLDER	OR CANDIDATE		
						Form 470/470 Supplement (Jan/2008)	
	Clear Form					ement Instructions - Rev. 2 (Dec/2012)	
					FPPC AQVICE	: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	