



SECRETARY OF STATE

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Campaign Finance: PROLA FOR SAN LEANDRO CITY COUNCIL 2012, JIM

Election Cycle:

- 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.



Secretary of State **ALEX PADILLA**

SECRETARY OF STATE

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**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
CITY OF SAN LEANDRO
FEB 01 2017
CITY CLERK'S OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jim Prole
STREET ADDRESS
2234 Belvedere Ave.
CITY STATE ZIP CODE
SAN LEANDRO CA 94577
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
510-483-0744

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SAN LEANDRO 6

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>none</u>		

5. Verification

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 Feb. 1st 2017
DATE

By James C Prole
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp

CALIFORNIA 470

FORM

For Official Use Only

JUL 07 2015

CITY CLERK'S OFFICE

1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Jim Prola		
STREET ADDRESS		
2234 Belvedere Avenue		
CITY	STATE	ZIP CODE
San Leandro	CA	94577
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX/ E-MAIL ADDRESS
(510) 483-0744		

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
City Council	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
San Leandro	6

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<i>none</i>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 July 7th 2015
DATE

By James C. Prola
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

to
of
of
1

CITY CLERK'S OFFICE
JUL 01 2012
CITY OF SAN LEANDRO

2

5

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		CITY OF SAN LEANDRO	
		JUL 07 2014	
		CITY CLERK'S OFFICE	

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jim Prola

STREET ADDRESS
2234 Belvedere Avenue

CITY STATE ZIP CODE
San Leandro CA 94577

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(510) 483-0744

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Leandro 6

4. Committee Information

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COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 July 3, 2014 DATE

By Jim Prola SIGNATURE OF OFFICEHOLDER OR CANDIDATE

