497 Contribution Report

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

CALIFORNIA FORM 497

NAME OF FILER	Date of This Filing	May 20, 2016	Date Stamp
Schott for Hayward City Council 2016			

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AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	06
510-816-3433	10383200		

05/20/16 09:46 CLK

STREET ADDRESS

☐ Amendment to Report No. _____
(explain below)

CITY	STATE	ZIP CODE	No. of Pages	1
Hayward	CA	94542		

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
5/19/2016	R Zaballos & Sons, Inc. 22320 Foothill Blvd. Ste 660 Hayward, CA 94541	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00 ☐ 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: _____