497 Contribution Report

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

NAME OF FILER		Date of This Filing	4/26/16	Date Stamp	CALIFORNIA FORM **497**
Elisa Marquez for Hayward City Council 2016					
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	5		For Official Use Only
(510) 910-3833	1376289				04/26/16 21:25 CLK
STREET ADDRESS		☐ Amendment to Report No.			
		(explain below)			
CITY	STATE	ZIP CODE	No. of Pages	1	
Hayward, CA		94544			

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
4/25/16	The Palace Poker Casino, LLC 22821 Mission Blvd Hayward, CA 94541	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,295 ☐ 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: _____