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# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>VALERIE CUEVAS FOR SCHOOL BOARD 2014</b>		Date of This Filing <b>10/1/2014</b>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable) <b>1368056</b>	Report No. <b>03</b>		
CITY <b>RICHMOND</b>	STATE <b>CA</b>	ZIP CODE <b>94802</b>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
			No. of Pages <b>01</b>	

## 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
9/30/2014	INTERSTATE STORAGE RICHMOND, LLC LAFAYETTE, CA 94549	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/30/2014	JAMES KOSHLAND ATHERTON, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DLA PIPER	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/30/2014	EDUCATION MATTERS SAN PABLO, CA 94806 (IN-KIND)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,429.74 <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_