

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>Elizabeth (Liz) Block for School Board 2014</b>		Date of This Filing <u>11/1/14</u>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1368586</b>	Report No. <u>7</u>		
CITY <b>El Cerrito</b>	STATE <b>CA</b>	ZIP CODE <b>94530</b>	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	

## 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
10/31/14	R. Beller and J. Moses San Francisco, CA 94121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$4000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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: \_\_\_\_\_  
 \_\_\_\_\_

+1-510-859-4695 p.1  
 David Block  
 Nov 02 14:08:17p