

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALAMEDA FIREFIGHTERS ASSOC. PAC</b>		Date of This Filing <b>10/28/10</b>	Date Stamp <b>OCT 28 2010</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>510 337-2202</b>	I.D. NUMBER (if applicable) <b>890076</b>	Report No. <b>1</b>		
STREET ADDRESS <b>635 PACIFIC AVE</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY OF ALAMEDA CITY CLERK'S OFFICE	
CITY <b>ALAMEDA</b>	STATE <b>CA</b>	ZIP CODE <b>94501</b>		

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/10	MARIE GILMORE FOR MAYOR 2010 FPPC # 1323448	MAYOR	3,300 <sup>00</sup>	11/2/10

Reason for Amendment: \_\_\_\_\_