

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Chris Le for San Jose Council District 7 2018			Date of This Filing 04/26/2018	Date Stamp Filed Date: 04/26/2018 08:12 PM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)667-7744	I.D. NUMBER (if applicable) 1400689	Report No. 1			
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>					
CITY San Jose	STATE CA	ZIP CODE 95111	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
			No. of Page 2		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
3/7/2018	HOANG LE <div style="background-color: black; height: 20px; width: 100%;"></div> SAN JOSE CA 95111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX AUDITOR CITY OF OAKLAND	2,400.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % <small>Provide interest rate</small>
4/13/2018	HOANG LE <div style="background-color: black; height: 20px; width: 100%;"></div> SAN JOSE CA 95111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX AUDITOR CITY OF OAKLAND	1,000.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % <small>Provide interest rate</small>
		<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 % <small>Provide interest rate</small>

Reason for Amendment: _____

****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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Chris Le for San Jose Council District 7 2018			Date of This Filing 04/26/2018	Date Stamp Filed Date: 04/26/2018 08:12 PM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)667-7744	I.D. NUMBER (if applicable) 1400689		Report No. 1		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Jose	STATE CA	ZIP CODE 95111	No. of Page 2		

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)

Reason for Amendment: _____