Late Contribution Report

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

LATE CONTRIBUTION REPO

NAME OF FILER Yes on Measure D		Date of This Filing 02/01/2008 Report No. 002 '08	RECEIVED Date Stamp FEB -4 P2:36 CITY CLERK CITY OF PASADENA
AREA CODE/PHONE NUMBER 626 795-5255	I.D. NUMBER (if applicable) 1303109		
STREET ADDRESS 3220 E. Sierra Madre Blvd.		☐ Amendment to Report No. _____ (explain below)	
CITY Pasadena	STATE CA / ZIP CODE 91107-2038	No. of Pages 1	1/1

CALIFORNIA FORM **497**

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
02/01/2008	Friends of Steve Madison 301 E. Colorado Bl., Ste 900 Pasadena CA 91101 ID: 983498	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		3550.0
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

Date Stamp