

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER We Won't Pay to Give Chula Vista Jobs Away - Vote No on G Sponsored by AFL-CIO Building Trades Corporation and the San Diego Imperial Counties Labor		Date of This Filing 06/08/2010	RECEIVED Date Stamp JUN -8 A7:21 10 JUN -8 A7:21 31 E-03 CITY OF CHULA VISTA CITY CLERK'S OFFICE	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (760) 752-1610	I.D. NUMBER (if applicable) 1323773	Report No. 20100608-71		For Official Use Only
STREET ADDRESS 330 Roosevelt Street Apt. 24		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chula Vista	STATE CA	ZIP CODE 91910-4544	No. of Pages 2	1/2

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
06/07/2010	California Construction Industry LMCT 1225 8th Street Suite 375 Sacramento CA 95814-4879 ID: 1313541	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

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

Reason for Amendment: _____

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STREET ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: _____

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TELECOPIER REPORT SHEET

'10 JUN -8 A7:21

*Martinez & Associates, Inc.
1531 Grand Avenue, Suite D
San Marcos, California 92078
Telephone: (760) 752-1610
Facsimile: (760) 750-1948*

CITY OF CHULA VISTA
CITY CLERK'S OFFICE

Date: June 8, 2010

Time: AM/PM

To: City Clerk-Chula Vista

From: Xavier Martinez

Company/Firm:

Re: WE WON'T PAY 24 HOUR
REPORTING

Fax Number: 619.585.5774

TOTAL NUMBER OF PAGES, INCLUDING TELECOPIER COVER SHEET: 3

FORM 497

If you do not receive all pages of this facsimile, or if we are disconnected, please call Xavier Martinez immediately at (760) 752.1610. Thank you.

***Please Note: Our telecopier will receive transmissions automatically.**

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