

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>No ON MEASURE B CAMPAIGN</i>		Date of This Filing <i>5/28/08</i>	Date Stamp FILED MAY 28 2008 SUSAN M. RANOGAJAK MENDOCINO COUNTY CLERK COURT CLERK/RECORDER	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>707-489-2792</i>	I.D. NUMBER (if applicable) <i>1306185</i>	Report No. _____		
STREET ADDRESS <i>705 N. STATE ST.</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages _____	

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
<i>5/27/08</i>	<i>DAN HAMBURG</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>EXEC. DIRECTOR, VOICE OF THE ENVIRONMENT</i>	<i>\$4063-</i> <input checked="" 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

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