

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Yes On B Coalition		Date of This Filing 05/27/08	Date Stamp <b>FILED</b> MAY 27 2008 SUSAN M. RANOGAJAK MENDOCINO COUNTY CLERK <i>Schultz</i> Deputy	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (707) 462-8635	I.D. NUMBER (if applicable) 1303971	Report No. PR - 2		
STREET ADDRESS PMB 114, 759 S. State St.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Ukiah	STATE CA		ZIP CODE 95482	No. of Pages 1

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMIT FEE, 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
05/23/08	Ross Liberty 150 Parducci Rd. Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturer  Factory Pipe	2200  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
05/23/08	Ross Liberty 150 Parducci Rd. Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturer  Factory Pipe	1000  <input checked="" type="checkbox"/> Check if Loan  0 % 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