

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 06/03/08	Date Stamp FILED JUN - 3 SUSAN M. RANOGHAK MENDOCINO COUNTY CLERK Deputy	CALIFORNIA PROVIN 497 For Official Use Only
AREA CODE/PHONE NUMBER (707) 462-8635	I.D. NUMBER (if applicable) 1303971	Report No. PR-4		
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 (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
05/23/08	Michael E. Sweeney P.O. Box 1001 Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Mendocino Solid Waste Management Authority	990.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/02/08	Michael E. Sweeney P.O. Box 1001 Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Mendocino Solid Waste Management Authority	400.00 <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