

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER COMMITTEE TO ELECT ILA METTEE-MC CUTCHEON		Date of This Filing <u>05/23/2008</u>	Date Stamp RECEIVED MAY 23 2008	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (831) 884-9042	I.D. NUMBER (if applicable) 1302716	Report No. <u>20080523-3188239</u>	Monterey County Registrar of Voters For Official Use Only	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Marina	STATE CA	ZIP CODE 93933-2785	No. of Pages <u>2</u>	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 BUS. VESS)	AMOUNT RECEIVED
05/22/2008	Monsanto Company Saint Louis MO 63167-0001 ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
05/22/2008	San Bernabe Vineyards, LLC King City CA 93930-9667 ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
05/22/2008	John Manto San Jose CA 95125-5637 ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Self Employed	1000.00

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

Reason for Amendment: _____

MAY-23-2008 11:13
 DUNLAP, STEINERUNER, LUBOW
 831 625 9308
 P. 02/03

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		

Late Contribution(s) Made

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

Reason for Amendment: _____

TOTAL P. 03

MAY-23-2008 11:13 DUNLAP, STEINBRUNER, LUBOW 831 625 9308 P. 03/03