Prop

92

497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

RECEIVED AND FILED
Date Stamp
In the office of the Secretary of State of the State of California
JAN 25 2008
DEBRA BOWEN
Secretary of State

NAME OF FILER: Yes on 92! Student and Educators Support Committee.

AREA CODE/PHONE NUMBER: 415-824-1534

I.D. NUMBER (if applicable): 1302764

STREET ADDRESS:

CITY: San Francisco

STATE: CA

ZIP CODE: 94110

Date of This Filing: 1/27/08

Report No.: 2

☐ Amendment to Report No. _____ (explain below)

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
1/26/08	Yes on Proposition 92, Californians for Improving Community Colleges, A Coalition of Educators and Community College Organizations 555 Capitol mall, Suite 1425 Sacramento CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$5,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____

Jan 27 08 10:13p Law Office of Julio Ramos P.1

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JAN 25 2008
DEBRA BOWEN
Secretary of State
RRB

NAME OF FILER: Alex Garcia c/o Yes on 92/Students and Educators Support Committee
I.D. NUMBER (if applicable): 1302764
AREA CODE/PHONE NUMBER: 415-824-1534
STREET ADDRESS:
CITY: San Francisco
STATE: CA
ZIP CODE: 94110

Date of This Filing: 1-25-08
Report No. 1
☐ Amendment to Report No. ____ (explain below)
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
1/24/08	Proven Management San Francisco CA 94111	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,400.00 ☐ Check if Loan ___% Provide interest rate
1/24/08	A and B Construction Inc. San Francisco CA 94111	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$2,600.00 ☐ Check if Loan ___% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ___% Provide interest rate

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Reason for Amendment: