AD 26

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# 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

NAME OF FILER: Eisenhut for Assembly 2008

AREA CODE/PHONE NUMBER: 209-341-2081

I.D. NUMBER (if applicable): 1305370

STREET ADDRESS:

CITY: STATE: ZIP CODE:

Date of This Filing: 05/29/2008

Report No.: 05292008-1

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

RECEIVED AND FILED (Date Stamp) in the Office of the Secretary of State of the State of California
MAY 29 2008
DEBRA BOWEN
Secretary of State

## 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 |
|---|---|---|---|---|
| 05/29/2008 | Political Action For Classified Employees of California School Employees (#761126) | ☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC | | 2,000.00 ☐ 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: _____