25 SD

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: DON DEAR FOR SENATE

AREA CODE/PHONE NUMBER: 310 - 329 - 1752

I.D. NUMBER (if applicable): 1305048

STREET ADDRESS:

CITY: STATE: ZIP CODE:

Date of This Filing: 5-28-08

Report No. 2

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp

RECEIVED AND FILED in the office of the Secretary of State of the State of California

MAY 28 2008 R

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
5/27	NORMANDIE CLUB POLITICAL ACCOUNT	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 3,200 ☐ 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: _____