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497 CONTRIBUTION REPORT
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NAME OF FILER: FRANK CALL

AREA CODE/PHONE NUMBER: 512 263 5795

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STREET ADDRESS:

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No. of Pages 1

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302502	PROP. 8 STATEWIDE	10000	11/4/08

Reason for Amendment: _____

NOV. 2.2008 2:22PM
Nov 2 2008 14:38 NO.256 P.4

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NAME OF FILER: BARBARA JONES

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I.D. NUMBER (if applicable): 1313312

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11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302502	PROP. 8 STATEWIDE	10000	11/4/08

Reason for Amendment: _____

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NAME OF FILER: CRAIG WILLETT		Date of This Filing: 11/2/08	Date Stamp: RECEIVED AND FILED the office of the Secretary of State of the State of California NOV 02 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER: 480-854-9751	I.D. NUMBER (if applicable): 1313314	Report No. 1	
STREET ADDRESS:		☐ Amendment to Report No. ____ (explain below)	
CITY: MESA	STATE: AZ / ZIP CODE: 85213	No. of Pages 1	

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DATE MADE	FULL NAME, STREET 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)
11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302502	PROP. 8 STATEWIDE	15000	11/4/08

Reason for Amendment: _____

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NAME OF FILER: JOHN ERICKSON

AREA CODE/PHONE NUMBER:

I.D. N: 1313310

STREET ADDRESS:

CITY: AUSTIN | STATE: TX | ZIP CODE: 78759

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302502	PROP. 8 STATEWIDE	10000	11/4/08

Reason for Amendment: _____

FPPC Form 497 (November/07)
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NAME OF FILER LISA TITENSOR		Date of This Filing 11/2/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California NOV 02 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 972 462 0270	I.D. NUMBER 1313309	Report No. 1	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	
CITY COPPELL	STATE TX / ZIP CODE 75091	No. of Pages 1	

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DATE MADE	FULL NAME, STREET 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)
11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302592	PROP 8 STATEWIDE	10000	11/4/08

Reason for Amendment: _____

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NAME OF FILER: Debra Carrillo for Superior Court

AREA CODE/PHONE NUMBER: 949-525-6190

I.D. NUMBER (if applicable): 1304860

STREET ADDRESS:

CITY: Laguna Niguel, STATE: CA, ZIP CODE: 92677

Date of This Filing: 11/02/2008

Report No. 2

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

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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
11/02/2008	Solange E. Ritchie Newport Beach, Ca 92660	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Steven R. Young	10,000.00 ☐ 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: _____

Nov 02 08 01:54p 714 540 0901 p.1
NOV 2 2008 15:31 7145400901

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WILFORD CARDON				RECEIVED AND FIL in the office of the Secretary o of the State of California
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1313306		Report No. 1	NOV 02 2008
STREET ADDRESS			☐ Amendment to Report No. (explain below)	DEBRA BOWEN Secretary of State
CITY	STATE	ZIP CODE	No. of Pages 1	
MESA	AZ	85204		

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
11/1/08	PROTECTMARRIAGE.COM SACRAMENTO CA 95833 1302592	PROP 8 STATEWIDE	12500	11/4/08

Reason for Amendment _____

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NOV. 2.2008 5:59PM

Nov 2 2008 18:16 NO.272 P.1