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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: John P Morgridge

AREA CODE/PHONE NUMBER: 650 851 7713

I.D. NUMBER (if applicable): 488470

STREET ADDRESS:

CITY: Portola Valley

STATE: CA

ZIP CODE: 94028

Date of This Filing: 19 Oct 08

Report No. 1

☐ 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

OCT 19 2008 R

DEBRA BOWEN
Secretary of State

## 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) |
|---|---|---|---|---|
| 19/10/08 | No on 8 ID 1259396<br>C/O Mr Associates<br>W. Hollywood, CA 90069 | No on 8 | $10,000 | 4/11/08 |
| | | | | |
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Reason for Amendment _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)