

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> We Won't Pay to Give Chula Vista Jobs Away - Vote No on G Sponsored by AFL-CIO Building Trades Corporation and the San Diego Imperial Counties Labor		<b>Date of This Filing</b> 06/08/2010	RECEIVED Date Stamp JUN -8 7:21 10 JUN -8 7:21 31 E-03	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (760) 752-1610	<b>I.D. NUMBER (if applicable)</b> 1323773	<b>Report No.</b> 20100608-71	CITY OF CHULA VISTA CITY CLERK'S OFFICE 1/2	
<b>STREET ADDRESS</b> 330 Roosevelt Street Apt. 24		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chula Vista	<b>STATE</b> CA	<b>ZIP CODE</b> 91910-4544		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
06/07/2010	California Construction Industry LMCT 1225 8th Street Suite 375 Sacramento CA 95814-4879 ID: 1313541	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b> _____	<b>I.D. NUMBER (if applicable)</b> 1323773		
<b>STREET ADDRESS</b> _____			
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP CODE</b> _____	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

RECEIVED

TELECOPIER REPORT SHEET

'10 JUN -8 A7:21

*Martinez & Associates, Inc.  
1531 Grand Avenue, Suite D  
San Marcos, California 92078  
Telephone: (760) 752-1610  
Facsimile: (760) 750-1948*

CITY OF CHULA VISTA  
CITY CLERK'S OFFICE

Date: June 8, 2010

Time: AM/PM

To: City Clerk-Chula Vista

From: Xavier Martinez

Company/Firm:

Re: WE WON'T PAY 24 HOUR  
REPORTING

Fax Number: 619.585.5774

TOTAL NUMBER OF PAGES, INCLUDING TELECOPIER COVER SHEET: 3

FORM 497

If you do not receive all pages of this facsimile, or if we are disconnected, please call Xavier Martinez immediately at (760) 752.1610. Thank you.

**\*Please Note: Our telecopier will receive transmissions automatically.**

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