FAX 7:47PM
MAY 26

Late Contribution Report

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

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER: Shawver for Supervisor

AREA CODE/PHONE NUMBER: --

I.D. NUMBER (if applicable): 1284580

STREET ADDRESS:

CITY: STATE: ZIP CODE:

Date of This Filing: 5/26/06

Report No.: 1

☐ Amendment to Report No. ____ (explain below)

No. of Pages: 1

Date Stamp: FILE JUL 20 2006 REGISTRAR OF VOTERS

ORIGINAL

Late 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
5/26/06	SEIU United Healthcare Workers West Political Action Committee Small Contributor Committee ID#747285	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,500.00 ☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan

*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: _____

FPPC Form 497 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)