



# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Elect Jane Parker		Date of This Filing <u>05/19/2008</u>	Date Stamp <b>RECEIVED</b> MAY 19 2008	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER <u>(831) 917-7880</u>	I.D. NUMBER (if applicable) <u>1256353</u>	Report No. <u>LCR-80519</u>	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Salinas</u>	STATE <u>CA</u>	ZIP CODE <u>93901-3306</u>	No. of Pages <u>1</u>	

TOTAL P. 01

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/19/2008	Howard Classen  Watsonville CA 95076-9200 ID: Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25000.00
	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: \_\_\_\_\_