COPY

Late Contribution Report

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

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER: Benicia Local Government Accountability Coalition

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1301867

CITY: Sacramento | STATE: CA | ZIP CODE: 95811

Date of This Filing: 11/5/07

Report No.: 3

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp: RECEIVED NOV - 5 2007 CITY CLERK'S OFFICE CITY OF BENICIA

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
11/4/07	American Underground Contractors P.O. Box 670 Byron, CA 94515	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$5000.00 ☐ 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: _____

#2