

Slate Mailer Late Payment Report

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

SLATE MAILER LATE PAYMENT REPORT

Amendment No _____

Report No 5

Date Stamp

CALIFORNIA FORM 498

For Official Use Only

NAME OF SLATE MAILER ORGANIZATION _____ STREET ADDRESS _____

Election Education Guide					
AREA CODE/PHONE NUMBER	OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE	ZIP CODE
		1324503	Chatsworth	CA	91311

Late Payment(s) Received From:

NAME				I.D. NUMBER (if applicable)	
New Majority California Pac				992074	
ADDRESS		CITY	STATE	ZIP CODE	
		San Rafael	CA	94901	
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)					

DATE RECEIVED:	AMOUNT
<u>10/21/2010</u>	\$ 3995.00

Amount Attribute
Please see attached pages

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NAME OF SLATE MAILER ORGANIZATION

Election Education Guide

NAME OF CANDIDATE OR BALLOT MEASURE		OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURER'S JURISDICTION	AMOUNT ATTRIBUTED
Ron Roberts	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	County Supervisor Other -- San Diego County DIST NO: 4 BAL NO: REF NO: INC416	\$ 3995.00



TEXT ANNOTATION

PAGE 2

Schedule F498-A
Independent Expenditure

Reference No: INC416

PAGE 0

Schedule F498-R
Independent Expenditure

Reference No: INC416