

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Health Care Workers Union, SEIU Local 250 Political Issues Committee			Date of This Filing _____ 03/01/2004 _____	Date Stamp Page 2 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 991800	Report No. _____ LC-485 _____			
STREET ADDRESS _____			<input checked="" type="checkbox"/> Amendment to Report No. _____ 001 _____ <small>(explain below)</small>		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages _____ 2 _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/26/2004	Californians for Budget Accountability - Yes on 56-A Coalition of the League of Women... Sacramento, CA 95814 ID# 1254038	Proposition 56 - State Budget, Related Taxes and Reserve. Voting Requirements, Penalties..(56) Statewide	\$1,000.00	03/02/2004

Reason for Amendment:

#2004-0947. To update contributor information.