



# Late Contribution Report

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

LATE CONTRIBUTION REPORT

|  |  |                          |  |                                   |   |
|--|--|--------------------------|--|-----------------------------------|---|
| <b>NAME OF FILER</b><br>THE IRVINE COMPANY |  |                          | <b>Date of This Filing</b> _____<br>10/28/2008                                   | Date Stamp<br><br><br>Page 2 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>              | <b>I.D. NUMBER</b> (if applicable)<br>478175 |                          | <b>Report No.</b> _____<br>LCR08-418   |                                   |   |
| <b>STREET ADDRESS</b>                      |  |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                   |   |
| <b>CITY</b><br>NEWPORT BEACH               | <b>STATE</b><br>CA                           | <b>ZIP CODE</b><br>92660 | <b>No. of Pages</b> _____<br>2   |                                   |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION                     | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 10/27/2008 | BILL CAMPBELL FOR SUPERVISOR<br>OAKDALE, CA 92865<br><br>ID# 1243639                           | BILL CAMPBELL<br>County Supervisor<br>Jurisdiction: Other<br>ORANGE COUNTY | \$1,600.00             |                                     |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |

Reason for Amendment: