Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER
Dave Jones for Insurance Commissioner 2010

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(916)486-9399

I.D. NUMBER (if applicable)
1314000

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Sacramento

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CA

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95864

Date of This Filing 05/05/2010

Report No. 050410-4

☐ **Amendment to Report No.** _____
(explain below)

No. of Pages 3

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DATE RECEIVED	FULL NAME, MAILING 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
05/04/2010	Clyde Blyleven Poway, CA 92064	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO A.O. Reed & Co.	$1,500.00
05/04/2010	CA Association For Health Services At Home Sacramento, CA 95834 ID# 870281	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$2,000.00
05/04/2010	CA Teamsters Public Affairs Council Sacramento, CA 95814 ID# 742500	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$1,500.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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05/04/2010	Mel Levine Los Angeles, CA 90067	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Gibson, Dunn & Crutcher	$1,000.00
05/04/2010	UFCW Region 8 States Council PEF Buena Park, CA 90620 ID# 910874	☐ IND ☐ COM ☐ OTH ☐ PTY ■ SCC		$1,000.00
05/04/2010	Union of American Physicians & Dentist Oakland, CA 94612 ID# 811278	☐ IND ☐ COM ☐ OTH ☐ PTY ■ SCC		$2,000.00

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NAME OF FILER Dave Jones for Insurance Commissioner 2010	**Date of This Filing** 05/05/2010 **Report No.** 050410-4 ☐ **Amendment to Report No.** _____ (explain below) **No. of Pages** 3	Date Stamp Page 3 of 3	**CALIFORNIA FORM 497** For Official Use Only
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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)**

Reason for Amendment: