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Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Propositions A, B & C Committee			Date of This Filing <u>05/22/2008</u>	08 MAY 23 PM 7:44 SAN DIEGO, CALIF. For Official Use Only 	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1305653		Report No. <u>LCR-80521</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>		
San Diego	CA	92103			

Late Contribution(s) Received

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
05/21/2008	Liquid Investments Inc. San Diego CA 92121 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00
05/21/2008	San Diego Lodging Industry Association PAC (inkind - for slate mailer) San Diego CA 92119 ID: 1245333	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20000.00
05/21/2008	San Diego Restaurant & Beverage PAC (inkind - for slate mailer) San Diego CA 92119 ID: 1258295	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20000.00
05/21/2008	Sempra San Diego CA 92101 ID: Ref: →	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00

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William Baber

619-698-4888

05/22/2008 23:21

Late Contribution Report

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08 MAY 27 AM
Date Stamp
SAN DIEGO, CALIF.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Propositions A, B & C Committee			Date of This Filing <u>05/23/2008</u> Report No. <u>LCR-80523</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>1</u>	CALIFORNIA FORM 497 For Official Use Only ENTERED
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)			
(619) 269-7415	1305653			
STREET ADDRESS				
CITY	STATE	ZIP CODE		
San Diego	CA	92103		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/23/2008	New Majority California PAC Mill Valley ID: 992074 Ref. → CA 94941	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

Reason for Amendment: _____

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William Baber

619-698-4888

05/23/2008 23:45

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Propositions A, B & C Committee		Date of This Filing 05/19/2008	Date Stamp MAY 19 PM 3:45	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (619) 269-7415	I.D. NUMBER (if applicable) 1305653	Report No. LCR-80519	SAN DIEGO, CALIF.	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		ENTERED
CITY San Diego	STATE CA	ZIP CODE 92103	No. of Pages 1	

Late Contribution(s) Received

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
05/19/2008	Horton Fourth Ave. LLC San Diego ID: CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
05/19/2008	Oliver McMillan Gaslamp Theaters San Diego ID: CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
05/19/2008	Oliver McMillan LLC San Diego ID: Ref: - CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
05/19/2008	OM Foster LLC San Diego ID: Ref: + CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00