

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Citizens to Recall Kern for Fair & Balanced Government sponsored by OFA PAC # 923161		Date of This Filing 11/24/09	Date Stamp RECEIVED NOV 24 2009 OCEANSIDE CITY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 760-433-1077	I.D. NUMBER (if applicable) 1315209	Report No. 1		
STREET ADDRESS 900 N. Cleveland St, #159		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oceanside	STATE CA	ZIP CODE 92054	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
11/22/09	Unite Here San Diego, a sponsored committee of Unite Here International and Unite Here Local 30 3737 Camino Del Rio South, Suite 300 San Diego, CA 92108 #1322418	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,063.45 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee