

497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER LEE BACA ATTORNEY'S FEES FUND		Date of This Filing 06/04/2010	Date Stamp JUN -4 11:19 AM '10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 990305	Report No. 0604108		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/03/2010	JANA SIMONE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLIENT RELATIONS ROYAL FINANCE & LOAN	1,000.00 <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