Late Contribution Report

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

LATE CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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AREA CODE/PHONE NUMBER	
I.D. NUMBER (if applicable)	1288619
STREET ADDRESS	25 ORCHARD
CITY	LAKE FOREST
STATE	CA
ZIP CODE	92630
Date of This Filing	10/27/12
Report No.	E1
☐ Amendment to Report No. (explain below)	
No. of Pages	1
Date Stamp	Rcvd 10-29-12 8:29am lib

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
10/27/12	TAXPAYERS FOR MEASURE EE [redacted]		$1,000.00	

Reason for Amendment: _____