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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NAME OF FILER: TAXPAYERS FOR MEASURE EE

AREA CODE/PHONE NUMBER: 949.759.9341

I.D. NUMBER (if applicable): 1350862

STREET ADDRESS: 1970 PORT PROVENCE

CITY: NEWPORT BEACH STATE: CA ZIP CODE: 92660

Date of This Filing: 26 OCT 2012

Report No.: E1

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp: Faxed 10-27-12 lin

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
25 OCT	OCBC'S BIZPZC - RESTRICTED ACCOUNT - #802010 C/O REED & DAVIDSON LLP [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000 ☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan

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

Reason for Amendment: _____