

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> NOGUEZ ASSESSOR 2010 GENERAL <hr/> <b>AREA CODE/PHONE NUMBER</b> [REDACTED] <hr/> <b>STREET ADDRESS</b> [REDACTED] <hr/> <b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____	<b>Date of This Filing</b> 10/20/2010 <hr/> <b>Report No.</b> LCR-01019 <hr/> <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small> <hr/> <b>No. of Pages</b> 3	RECEIVED Date Stamp LOS ANGELES COUNTY OCT 20 PM 4:01 CAMPAIGN FINANCE DISCLOSURE SECTION 1/3	For Official Use Only 017350 C08881
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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/19/2010 	Rick Caruso  ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer  Caruso Affiliated	1000.00
10/19/2010 	Tina Caruso  ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	1000.00
10/19/2010 	Paresh Nilesh Dipta & Jyotika Bhakta  ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

\*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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NAME OF FILER NOGUEZ ASSESSOR 2010 GENERAL		Date of This Filing _____	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1327922	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	2 / 3

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

002/003  
DAVID GOULD  
10/20/2010 12:41 PM

