Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Solis For Supervisor 2014	Date of This Filing 04/08/2014	Date Stamp RECEIVED LOS ANGELES COUNTY 2014 APR -9 AM 8:27 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1356549	Report No. LCR-20140407		For Official Use Only
STREET ADDRESS	☐ Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE	No. of Pages 2	1/2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
04/07/2014	Richard Chavira ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Richard Chavira	1000.00
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
	ID:	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

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

Reason for Amendment: _____

Date Stamp