

# Late Contribution Report

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

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LOS ANGELES COUNTY LATE CONTRIBUTION REPORT

NAME OF FILER Solis For Supervisor 2014		Date of This Filing 03/07/2014	Date Stamp 2014 MAR -7 PM 3: 43	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1358549	Report No. LCR-20140306	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		1 / 2
CITY	STATE	ZIP CODE	No. of Pages 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
03/06/2014 	Mark Ridley-Thomas  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor  County of LA	1500.00
03/06/2014 	Nicholas Stunington  Pasadena ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  Stonington Group	1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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: \_\_\_\_\_

03/07/2014 13:44 020004000 PHULLA & ASSOCIATES PAGE 01/01



# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Solis For Supervisor 2014		Date of This Filing 03/15/2014	Date Stamp: BY LOS ANGELES COUNTY 2014 MAR 17 AM 11: 21 CALIFORNIA FORM 497 For Official Use Only CAMPAIGN FINANCE DISCLOSURE SECTION 1/2
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1356549	Report No. LCR-201403	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	No. of Pages 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
03/14/2014 	Los Angeles Dodgers LLC  ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
03/14/2014 	Domenika Lynch  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Info USC	1000.00
03/14/2014 	Lisa Zuocato  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cuba Travel Services	1000.00

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

