Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 06/03/2014	Date Stamp	CALIFORNIA FORM 497
Solis For Supervisor 2014				
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1356549	Report No. LCR-20140602	RECEIVED LOS ANGELES COUNTY 2014 JUN -4 AM 8:32	For Official Use Only
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
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
06/02/2014	Steven Eisner ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Steven Eisner	1000.00
06/02/2014	Robert Stone ID:	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Info n/a	1500.00
	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

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