

001/002

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER IPSEN 4 DA			Date of This Filing <u>06/02/2008</u>	Date Stamp Los Angeles County JUN 3 2008 9:19	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(213) 489-4792</u>	I.D. NUMBER (if applicable) <u>1296031</u>		Report No. <u>LCR-80602</u>		
STREET ADDRESS 555 South Flower Street, Suite 4210			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	Campaign Finance Disclosure Section	
CITY <u>Los Angeles</u>	STATE <u>CA</u>	ZIP CODE <u>90071</u>	No. of Pages <u>2</u>	1 / 2	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2008 	John Shik Lee  ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  Self Employed	1000.00
06/02/2008 	Berge Nazarian  ID: _____ Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	1000.00
	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: \_\_\_\_\_  
 \_\_\_\_\_

DAVID GOULD

00/04/2008 10:21 FAX

002/002  
DAVID GOULD  
10/02/2008 10:27 AM

# Late Contribution Report

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Received by  
Los Angeles County  
2008 11 - 3 AM 9:2  
Campaign Finance  
Disclosure Section

LATE CONTRIBUTION REPORT

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FORM 497

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STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing _____
Report No. _____
<input type="checkbox"/> Amendment to Report No. _____ (explain below)
No. of Pages _____

2/2

## 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: \_\_\_\_\_