

Late Contribution Report

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

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LOCAL GOVERNMENT

LATE CONTRIBUTION REPORT

NAME OF FILER
NOGUEZ ASSESSOR 2010

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1316104

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing _____ 2010 JUN -4 AM 8:26

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

CAMPAIGN FINANCE
DISCLOSURE SECTION

2/2

For Official Use Only

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:		

Reason for Amendment: _____

002/002
DAVID GOULD
06/02/2010 14:46 FAX