

002/002

DAVID GOULD

10/22/2010 10:08 FAX

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER NOGUEZ ASSESSOR 2010		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	_____ 2 / 2	<div style="background-color: black; color: white; text-align: center; padding: 5px;"> For Official Use Only </div>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1316104			
STREET ADDRESS				
CITY	STATE	ZIP CODE		

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: _____