

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER: Solis For Supervisor 2018
AREA CODE/PHONE NUMBER: (323) 855-4065
I.D. NUMBER: 1395229
STREET ADDRESS:
CITY: Encino STATE: CA ZIP CODE: 91436

Date of This Filing: 05/07/2018
Report No.: LCR-20180504
Amendment to Report No.:
No. of Pages: 2

RECEIVED BY LOS ANGELES COUNTY
Date Stamp: 2018 MAY -8 AM 8:16
CALIFORNIA FORM 497
CAMPAGN FINANCE
1/2

Late Contribution(s) Received

Table with 5 columns: DATE RECEIVED, FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED. Rows include Planned Parenthood Advocacy Project and SCI Shared Resources LLC.

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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