

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, A Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burban- k Residents and United Food and Commercial Workers Local 770			<b>Date of This Filing</b> <u>02/13/2013</u>	<b>Date Stamp</b> 1 / 2	For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 2134526565	<b>I.D. NUMBER (if applicable)</b> 1355585		<b>Report No.</b> <u>001</u>		
<b>STREET ADDRESS</b> 777 S. Figueroa St., #4050			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017-0000	<b>No. of Pages</b> <u>2</u>		

## 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
02/12/2013 	Local 770 United Food and Commercial Workers Union PAC 630 Shatto Place  Los Angeles CA 90005-0000 ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

001/003  
 1/3 KAUFMAN LEGAL GROUP APC  
 02/14/2013 12:48 FAX 12134526575  
 02/14/2013 12:51 PM 12134526575

002/003  
 2/3  
 KAUFMAN LEGAL GROUP APC  
 12/14/2013 12:48 FAX 12134526575  
 12/14/2013 12:51 PM 12134526575

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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: \_\_\_\_\_