

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, A Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burbank Residents and United Food and Commercial Workers Local 770			Date of This Filing <u>04/02/2013</u>	Date Stamp CLERK '13 APR 2 PM 3:52	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 2134526565	I.D. NUMBER (if applicable) 1355585		Report No. <u>001</u>		
STREET ADDRESS 777 S. Figueroa St., #4050			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Los Angeles	STATE CA	ZIP CODE 90017-0000	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/01/2013 	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		5000.00
	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: _____

04/02/2013 15:36 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/002

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LATE CONTRIBUTION REPORT

NAME OF FILER Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, A Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burbank Residents and United Food and Commercial Workers Local 799		Date of Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1355585		
STREET ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	2 / 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: _____

002/002

KAUFMAN LEGAL GROUP APC

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