

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER CALIFORNIANS FOR RESPONSIBLE HOUSING - GENERAL PURPOSE COMMITTEE; SPONSORED BY HOUSING PROVIDERS			Date of This Filing _____ 11/22/2019 _____	Date Stamp Page 1 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1401516	Report No. _____ LCR # 837A _____			
STREET ADDRESS 			<input checked="" type="checkbox"/> Amendment to Report No. _____ 001 _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages _____ 4 _____		

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
09/28/2018	APARTMENT ASSOCIATION OF METRO DENVER Greenwood Village, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
09/28/2018	LAURELHURST DRIVE FEE OWNER, LLC Los Angeles, CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
09/28/2018	MANNIGAN DESIGN, INC. Pasadena, CA 91103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00

*Contributor Codes

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

Reason for Amendment:

AMEND TO INCLUDE AFFILIATED ENTITY ALLOCATION OF CONTRIBUTION

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1401516	Report No. <u>LCR # 837A</u>	Page 3 of 4	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. <u>001</u> <small>(explain below)</small>		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>4</u>	

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)

Reason for Amendment:

AMEND TO INCLUDE AFFILIATED ENTITY ALLOCATION OF CONTRIBUTION

