

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> California Democratic Party			<b>Date of This Filing</b> _____ 08/05/2019	Date Stamp        Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 741666	<b>Report No.</b> _____ LCR 190602			
<b>STREET ADDRESS</b>			<div style="background-color: black; color: white; padding: 2px;"> <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ 001                 </div> (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95811	<b>No. of Pages</b> _____ 3		

## 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
06/01/2019	Gray for Assembly 2020 Sacramento, CA 95814  ID# 1414307 Memo Reference: INC:S497:73126	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$647.55
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<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:  
Amend to correct amount.

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<b>NAME OF FILER</b> California Democratic Party			<b>Date of This Filing</b> _____ 08/05/2019 _____	Date Stamp       Page 2 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> _____	<b>I.D. NUMBER</b> (if applicable) 741666	<b>Report No.</b> _____ LCR 190602 _____			
<b>STREET ADDRESS</b>  _____			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ 001 _____ <small>(explain below)</small>		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95811	<b>No. of Pages</b> _____ 3 _____		

## 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 correct amount.

Memo Reference: INC:S497:73126

previously reported \$431.70 from Lisa Mantarro-Moore in error

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