

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, SPONSORED BY CALIFORNIA APARTMENT ASSOCIATION <hr/> AREA CODE/PHONE NUMBER (415)389-6800			Date of This Filing _____ 12/05/2019 Report No. _____ LCR # 1360 <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____ 2	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only		
I.D. NUMBER (if applicable) 1421884 STREET ADDRESS <table style="width:100%; border: none;"> <tr> <td style="width:33%;">CITY SAN RAFAEL</td> <td style="width:33%;">STATE CA</td> <td style="width:33%;">ZIP CODE 94901</td> </tr> </table>			CITY SAN RAFAEL	STATE CA	ZIP CODE 94901		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901					

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
12/05/2019	CALIFORNIA APARTMENT ASSOCIATION ISSUES COMMITTEE Sacramento, CA 95814 ID# 1388537	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00
		<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:

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1421884	Report No. _____ LCR # 1360 _____			
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages _____ 2 _____		

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: