

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Chan Zuckerberg Advocacy (Nonprofit 501(c)(4))		<b>Date of This Filing</b> _____ 12/18/2019	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
<b>AREA CODE/PHONE NUMBER</b> ( ) -	<b>I.D. NUMBER</b> (if applicable) 1405857	<b>Report No.</b> _____ 121819A		
<b>STREET ADDRESS</b>		<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;">                     Amendment to Report No. _____ 1                 </div> (explain below)		
<b>CITY</b> Redwood City	<b>STATE</b> CA	<b>ZIP CODE</b> 94063	<b>No. of Pages</b> _____ 2	

## 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
		<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		
		<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:  
Contributions amended

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<b>STREET ADDRESS</b>					
<b>CITY</b> Redwood City	<b>STATE</b> CA	<b>ZIP CODE</b> 94063			
			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ 1 _____ (explain below)		
			<b>No. of Pages</b> _____ 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:  
Contributions amended