

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF SENIORS, VETERANS, AFFORDABLE HOUSING ADVOCATES, LABOR & SOCIAL JUSTICE <hr/> AREA CODE/PHONE NUMBER (415)389-6800 I.D. NUMBER (if applicable) 1421884 <hr/> STREET ADDRESS <hr/> CITY SAN RAFAEL STATE CA ZIP CODE 94901			Date of This Filing <u>07/07/2020</u> Report No. <u>LCR # 1708</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 1 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
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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
07/07/2020	SHOWPLACE EAST San Francisco, CA 94103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
07/07/2020	THE PINNACLE AT NOB HILL San Francisco, CA 94108 Memo Reference: INC:S497:749	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
		<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 # 1708	Page 2 of 3		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages _____ 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:

Memo Reference: INC:S497:749

REC'D THRU INTERMEDIARY APARTMENT MANAGEMENT CONSULTANTS, LLC; 1954 FORT UNION BLVD., SUITE 500, COTTONWOOD HEIGHTS, UT 84121
