

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF SENIORS, VETERANS, AFFORDABLE HOUSING ADVOCATES, LABOR & SOCIAL JUSTICE <hr/> <b>AREA CODE/PHONE NUMBER</b> (415)389-6800 <hr/> <b>I.D. NUMBER (if applicable)</b> 1421884 <hr/> <b>STREET ADDRESS</b>  <hr/> <b>CITY</b> SAN RAFAEL <hr/> <b>STATE</b> CA <hr/> <b>ZIP CODE</b> 94901	<b>Date of This Filing</b> _____ 10/06/2020 <hr/> <b>Report No.</b> _____ LCR #1776A <hr/> <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ 001 (explain below) <hr/> <b>No. of Pages</b> _____ 3	Date Stamp  <hr/> 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
08/20/2020	BROOKFIELD PROPERTY GROUP LLC (INCLUDING AGGREGATED CONTRIBUTIONS)(RESPONSIBLE OFFICER: MATT SMITH) New York, NY 10281  Memo Reference: INC:S497:1367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,431.00
08/20/2020	BROOKFIELD PROPERTY GROUP LLC (INCLUDING AGGREGATED CONTRIBUTIONS)(RESPONSIBLE OFFICER: MATT SMITH) New York, NY 10281  Memo Reference: INC:S497:1372	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,767.50
08/20/2020	NNC APARTMENT VENTURES LLC AND AFFILIATED ENTITIES(RESPONSIBLE OFFICER: JOHN NUNN) Cypress, CA 90630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00

\*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 REVISE CONTRIBUTOR NAME

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1421884	<b>Report No.</b> <u>LCR #1776A</u>	Page 2 of 3		
STREET ADDRESS			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>001</u> <small>(explain below)</small>		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>No. of Pages</b> <u>3</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 REVISE CONTRIBUTOR NAME

