

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Satellite Healthcare, Inc.			Date of This Filing <u>10/02/2020</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (650)404-3600	I.D. NUMBER (if applicable) 1410440		Report No. <u>SHREV</u>		
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Jose	STATE CA	ZIP CODE 95128	No. of Pages <u>2</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)
10/01/2020	NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients Sacramento, CA 95814 ID# 1424580	District 0 Proposition 23 Statewide	\$400,000.00	11/03/2020

Reason for Amendment: