

# 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			<b>Date of This Filing</b> _____ 10/08/2020	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">CALIFORNIA FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1421884	<b>Report No.</b> _____ LCR # 2044	Page 1 of 2		
STREET ADDRESS			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<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
10/07/2020	GREGG SEAMAN San Diego, CA 92108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR VIEWPOINT EQUITIES, INC.	\$20,000.00
		<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	<b>Report No.</b> _____ LCR # 2044			
STREET ADDRESS  CITY STATE ZIP CODE SAN RAFAEL CA 94901			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (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: