

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Family Farmers Against Prop 15 - Stop Higher Food Taxes			Date of This Filing _____ 10/13/2020	Date Stamp Page 2 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
AREA CODE/PHONE NUMBER (916)561-5520	I.D. NUMBER (if applicable) 1426379	Report No. _____ 182006-47			
STREET ADDRESS _____					
CITY Sacramento	STATE CA	ZIP CODE 95833			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 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: