



# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Shorenstein Realty Services and affiliated entities			<b>Date of This Filing</b> <u>10/16/2020</u>	Date Stamp   Page 2 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 478373		<b>Report No.</b> <u>34347</u>		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> San Francisco	<b>STATE</b> CA	<b>ZIP CODE</b> 94104	<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)
10/15/2020	Yes on A, San Francisco Health and Recovery Bond San Francisco, CA 94104  ID# 1430331 Memo Reference: EXP:S497:503	Health and Homelessness, Parks, and Streets Bond(A) City and County of San Francisco	\$10,000.00	11/03/2020

Reason for Amendment:

Memo Reference: EXP:S497:503  
Made by Shorenstein Company, LLC

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