

# Slate Mailer Late Payment Report

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

SLATE MAILER LATE PAYMENT REPORT

Amendment No \_\_\_\_\_

Report No 183

Date Stamp

**CALIFORNIA FORM 498**

For Official Use Only

NAME OF SLATE MAILER ORGANIZATION STREET ADDRESS

OUR CALIFORNIA LATINO VOTER GUIDE

|                        |                      |             |             |       |          |
|------------------------|----------------------|-------------|-------------|-------|----------|
| AREA CODE/PHONE NUMBER | OPTIONAL: FAX/E-MAIL | I.D. NUMBER | CITY        | STATE | ZIP CODE |
|                        |                      | 596004      | LOS ANGELES | CA    | 90041    |

## Late Payment(s) Received From:

|  |             |       |          |                             |
|--|-------------|-------|----------|-----------------------------|
| NAME   |             |       |          | I.D. NUMBER (if applicable) |
| Committee To Elect Jackie Lacey  |             |       |          |                             |
| ADDRESS  | CITY        | STATE | ZIP CODE |                             |
|  | Los Angeles | CA    | 90017    |                             |
| OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) |             |       |          |                             |

|                       |               |
|-----------------------|---------------|
| <u>DATE RECEIVED:</u> | <u>AMOUNT</u> |
| 10/15/2020            | \$24000.00    |

**Amount Attribute**  
Please see attached pages

**Slate Mailer  
Late Payment Report**

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|                       |                                |
|-----------------------|--------------------------------|
| Date Stamp            | <b>CALIFORNIA<br/>FORM 498</b> |
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| NAME OF CANDIDATE OR BALLOT MEASURE |  | OFFICE SOUGHT AND JURISDICTION OF THE<br>CANDIDATE/BALLOT MEASURER'S JURISDICTION | AMOUNT ATTRIBUTED |
|-------------------------------------|--|---|-------------------|
| Jackie Lacey                        | <input checked="" type="checkbox"/> <b>SUPPORT</b><br><br><input type="checkbox"/> <b>OPPOSE</b> | Other -- District Attorney<br>Statewide<br><br>DIST NO:      BAL NO:      REF NO: | \$ 24000.00       |