

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER S. OSBORN ERICKSON			Date of This Filing _____ 10/16/2020	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)777-2914	I.D. NUMBER (if applicable) 1273721		Report No. _____ G20-SOE-07		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94105	No. of Pages _____ 3		

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 19: COALITION OF FIREFIGHTERS, REALTORS, SENIORS, DISABLED HOMEOWNERS, AND WILDFIRE VICTIMS SAN RAFAEL, CA 94901 ID# 1429714 Memo Reference: NON:S497:28	PROPOSITION 19 STATEWIDE	\$2,500.00	

Reason for Amendment:

Memo Reference: NON:S497:28

NON-MONETARY CONTRIBUTION OF LIT; ORIGINAL PAYEE: EAST BAY VOTER GUIDE FOR MORE HOMES SMO, 312 CLAY STREET, SUITE 300, OAKLAND, CA 94607
