

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES			<b>Date of This Filing</b> _____ 10/16/2020 _____	Date Stamp        Page 1 of 3	CALIFORNIA FORM <span style="font-size: 2em;">497</span>	
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422494	<b>Report No.</b> _____ LCR #2131 _____	For Official Use Only			
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> _____ 3 _____

## 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
10/15/2020	WILLIAM S. PRICE III Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN GARY FARRELL VINEYARDS & WINERY	\$50,000.00
10/15/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306  Memo Reference: NON:S497:863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	\$1,000,000.00
		<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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CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>No. of Pages</b> _____ 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)

Reason for Amendment:

