Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Jack J. Fernandes for Assembly 2024	**Date of This Filing** 01/27/2023	Date Stamp	**CALIFORNIA FORM 497**
AREA CODE/PHONE NUMBER (619)933-1328 / I.D. NUMBER (if applicable) 1457121	**Report No.** 2023-4	Page 1 of 3	For Official Use Only
STREET ADDRESS	☐ **Amendment to Report No.** _____ (explain below)		
CITY Bonsall / STATE CA / ZIP CODE 92003	**No. of Pages** 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/26/2023	Heidi Gilchrist Encinitas, CA 92024	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dermatologist Heidi Gilchrist, MD	$5,500.00
01/26/2023	Cassandra Fernandes San Diego, CA 92109	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	$5,250.00
01/26/2023	Leonardo R. Pangco National City, CA 91950	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Scrum Master Integral Ad Science	$5,500.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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01/26/2023	Autumn Dobbins San Diego, CA 92129	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator Rady Children's Hospital	$5,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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STREET ADDRESS			
CITY Bonsall / STATE CA / ZIP CODE 92003			

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: