

001/002

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER John Noguez for Assessor 2010 Attorney's Fees Fund		Date of This Filing 06/02/2010	RECEIVED BY 2010 JUN -4 AM 8:33 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	Date Stamp For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1324295	Report No. 001		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		

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
06/01/2010	Fiesta Taxi Co-op, Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

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

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC

06/02/2010 19:28 FAX 12134526575

002/002

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER John Noguez for Assessor 2010 Attorney's Fees Fund		Date of This Filing _____	RECEIVED BY STATE FINANCE DISCLOSURE SECTION 2/2	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1324295	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

06/02/2010 19:28 FAX 12134526575 KAUFMAN LEGAL GROUP APC