

Late Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY
DATE CONTRIBUTION REPORT
Date Stamp
2018 MAR 22 PM 4:
CALIFORNIA
FORM 497
For Official Use Only
CAMPAIGN FINANCE
1 / 2

NAME OF FILER
Solis For Supervisor 2018

AREA CODE/PHONE NUMBER
(323) 655-4065

I.D. NUMBER (if applicable)
1395229

STREET ADDRESS

CITY STATE ZIP CODE
Encino CA 91436

Date of This Filing 03/22/2018

Report No. LCR-20180322

Amendment to Report No. (explain below)

No. of Pages 2

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
03/22/2018	Stephe R English Pasadena ID: CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1500.00
	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: _____