

Late Contribution Report

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

LATE CONTRIBUTION REPORT

P. 1

NAME OF FILER Barbara LeVake for Sutter County Supervisor 2016			Date of This Filing <u>09/27/2016</u>	Date Stamp FILED REGISTRAR OF VOTERS SEP 28 2016 DONNA M. JOHNSTON BY <u><i>W. Smith</i></u> DEPUTY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-673-5237	I.D. NUMBER (if applicable) 1380079		Report No. <u>2016-5</u>		
STREET ADDRESS 1243 Bridge Street, #139			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Yuba City	STATE CA	ZIP CODE 95991	No. of Pages <u>1</u>		

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
09/26/2016 	California Real Estate PAC 525 South Virgil Avenue Los Angeles CA 90020 ID: 890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____