

Late Contribution Report

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

NAME OF FILER
AIDS Healthcare Foundation Los Angeles County FAIR Committee

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1343686

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

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LATE CONTRIBUTION REPORT
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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)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
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Reason for Amendment: _____