Late Contribution Report

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

•	IATE	CONTRI	AI ITTON	REPORT

						LATE CONTRIBUTION REPO	
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee				10/30/2012	LOS ANGELES COUN		
AREA CODE/PHONE NUMBER (If applicable)				004	·	For Official Use Only	
1343686		Report No. 001		2012 OCT 31 AM 8: 05			
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			To Report No		CAMPAREN FIRANCE DISCLOSURE SECTION		
CITY STATE ZIP CODE							
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Late Contribu	tion(s) Received			•	2		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EN (F SELF-EMPLOYED, ENTER NAME OF B		
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*Contributor Codes	•					•	

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

Reason for Amendment:

Late Continue	tion Report		Amounts m	Type or print in ink. By be rounded to whole dollars.	D	PAPIL TO THE	LATE CONTRIBUTION REPORT
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee AREA CODE/PHONE NUMBER 1.D. NUMBER (Fapplicable) 1343686			Date of This Filing	LOS AI	E CEIVED BY NGELES COUN		
			Report No.	2012 01	CT 31 AM 8:0		
STREET ADDRESS				Amendment to Report No.	CAMP DISCL	AIGN FINANC OSURE SECTION	904 779 383
CITY STATE ZIP CODE			No. of Pages		2/2		
Late Contribu	ition(s) Made						
DATE MADE		NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER) CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		1	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	
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