

# Late Contribution Report

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

CITY OF SANTA CLARITA  
2016 SEP 2 AM 8:56  
CITY OFFICE

LATE CONTRIBUTION REPORT

NAME OF FILER Cameron Smyth For City Council 2016	Date Stamp 09/01/2016	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1385277	Date of This Filing 09/01/2016	
STREET ADDRESS STATE ZIP CODE	Report No. 22 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	
CITY		

## 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
09/01/2016	Timothy Borrueal	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Legacy Christian Academy	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
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	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: \_\_\_\_\_