

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER <i>Waste For City Council 2014</i>		Date of This Filing <i>April 7-2014</i>	Date Stamp CITY OF SANTA CLARA 2014 APR -7 P 5:19 RECEIVED CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) _____	Report No. <i>10</i>		
STREET ADDRESS _____	STATE ZIP CODE _____	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE ZIP CODE _____	No. of Pages _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
<i>4/7/2014</i>	<i>Tourney Plaza II, LLC</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00 In Kind</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
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*Contributor Codes

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

Reason for Amendment: _____