

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER NOGUEZ ASSESSOR 2010 GENERAL		Date of This Filing <u>10/27/2010</u>	Date Stamp RECEIVED BY ANGELES COUNTY 2010 OCT 27 PM 4:47 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	For Official Use Only 017358 008881
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1327922	Report No. <u>LCR-010271</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>2</u>	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/27/2010	Kurt D. Gensicke ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appraiser LA County Assessor's Office	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
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

10/21/2010 14:21 FAX

DAVID GOULD

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NAME OF FILER NOGUEZ ASSESSOR 2010 GENERAL		Date of This Filing _____	<p>RECEIVED FOR ANGELES</p> <p>2010 OCT 27 PM 4:47</p> <p>CAMPAIGN FINANCE DISCLOSURE SECTION</p> <p>2/2</p>	<p>For Official Use Only</p>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1327922	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

002/002

DAVID GOULD

10/27/2010 14:21 FAA