

Late Contribution Report

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

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|--------------------------|---|------------|---|
| NAME OF FILER Bowman for City Council 2022 | | | Date of This Filing <u>05/26/2022</u> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1445978 | | Report No. <u>220526</u> | | |
| STREET ADDRESS [REDACTED] | | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| CITY La Canada Flintridge | STATE CA | ZIP CODE 91011 | No. of Pages <u>2</u> | 1 / 2 | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING 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 |
|----------------|---|---|---|-----------------|
| 05/24/2022 | Denise Bays 102 Davids Hill Rd Bedford Hills NY 10507-2522 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer/Producer/Novelist Bays/Thomas Entertainment | 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 | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment: _____

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| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | |
| CITY | STATE | ZIP CODE | |

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Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION <small>(IF APPLICABLE)</small> |
|-----------|---|--|------------------------|--|
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____