

Slate Mailer Late Payment Report

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

SLATE MAILER LATE PAYMENT REPORT

Amendment No _____

Report No 03-28-CVG2

Date Stamp

CALIFORNIA FORM 498

For Official Use Only

NAME OF SLATE MAILER ORGANIZATION _____ STREET ADDRESS _____

California Voter Guide						
AREA CODE/PHONE NUMBER	OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE	ZIP CODE	
		595004	Torrance	CA	90505	

Late Payment(s) Received From:

NAME				I.D. NUMBER (if applicable)	
Friends of Stan Sniff Sheriff-Coroner 2018				1380117	
ADDRESS		CITY	STATE	ZIP CODE	
		Riverside	CA	92507	
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)					

DATE RECEIVED:	AMOUNT
<u>03/27/2018</u>	\$ 7276.00

Amount Attribute

Please see attached pages

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NAME OF CANDIDATE OR BALLOT MEASURE		OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURER'S JURISDICTION	AMOUNT ATTRIBUTED
Stan Sniff	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	Sheriff-Coroner Other -- Riverside County DIST NO: BAL NO: REF NO:	\$ 7276.00