

001/002

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER YORK FOR CITY COUNCIL		Date of This Filing 04/15/2009	RECEIVED Date Stamp APR 15 P5:12 CITY CLERK CITY OF PASADENA 1/2	For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1314080	Report No. LCR-90474		
STREET ADDRESS 757 S. OAK KNOLL AVE.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 91108		

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
04/14/2009	Local 12 International Union of Operating Engineers Political Fund 150 E. Corson St. Pasadena ID: 743030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	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: _____

Date Stamp FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

DAVID GOULD

04/15/2009 16:04 FAX



002/002

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER YORK FOR CITY COUNCIL		Date of This Filing _____	Report No. _____	No. of Pages _____	2 / 2	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1314080					
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: _____

DAVID GOULD

04/15/2009 16:04 FAX