

Late Contribution Report

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

NAME OF FILER Jeff Stone for State Senate 2010		Date of This Filing 06/02/2010	Date Stamp
AREA CODE/PHONE NUMBER [REDACTED]	LD. NUMBER (if applicable) 1316533	Report No. 20100602-841219	For Official Use Only
STREET ADDRESS 32413 Susan Grace Court		Amendment to Report No. (explain below)	
CITY Temequila	STATE CA	ZIP CODE 92592-7245	No. of Pages 2

LATE CONTRIBUTION REPORT

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/06/2010	NANCY CARTWRIGHT [REDACTED] Northridge ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VOICE ACTOR CARTWRIGHT ENTERTAINMENT	3900.00
04/06/2010	Neil Wilmer [REDACTED] Glendale ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER PACIFIC ADVISORS	1000.00
04/06/2010	MEL ELLIOT [REDACTED] Tarzana ID: [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	1000.00

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

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER (I.D. NUMBER if applicable) 1316533		REPORT NO. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (if contain below)		2 / 2
CITY _____		No. of Pages _____		

LATE CONTRIBUTION REPORT

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: _____