

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> STUART POSNOCK AND AFFILIATED ENTITIES			<b>Date of This Filing</b> _____ 12/18/2013	Date Stamp        Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415)732-7700	<b>I.D. NUMBER</b> (if applicable) 1309608	<b>Report No.</b> _____ G14-SRS-01			
<b>STREET ADDRESS</b>  _____					
<b>CITY</b> SAN DIEGO	<b>STATE</b> CA	<b>ZIP CODE</b> 92122			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> _____ 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<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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<b>AREA CODE/PHONE NUMBER</b> (415)732-7700	<b>I.D. NUMBER</b> (if applicable) 1309608	<b>Report No.</b> _____ G14-SRS-01 _____			
<b>STREET ADDRESS</b>  _____					
<b>CITY</b> SAN DIEGO	<b>STATE</b> CA	<b>ZIP CODE</b> 92122			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> _____ 2 _____		

## 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)
12/13/2013	FAULCONER FOR MAYOR 2013 SAN DIEGO, CA 92119  ID# 1360150	KEVIN FAULCONER Mayor Jurisdiction: Other CITY OF SAN DIEGO	\$700.00	
12/17/2013	DAVID ALVAREZ FOR MAYOR 2013 SACRAMENTO, CA 95841  ID# 1360332	DAVID ALVAREZ Mayor Jurisdiction: Other CITY OF SAN DIEGO	\$1,000.00	
12/17/2013	FAULCONER FOR MAYOR 2013 SAN DIEGO, CA 92119  ID# 1360150	KEVIN FAULCONER Mayor Jurisdiction: Other CITY OF SAN DIEGO	\$300.00	

Reason for Amendment: