

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

|                                                |                                               |                          |                                                                                                          |                                                   |                                                     |
|------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>TULCAN FOR JUDGE 2020  |                                               |                          | <b>Date of This Filing</b> 02/19/2020                                                                    | Date Stamp<br><br><br><br><br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(909)809-0256 | <b>I.D. NUMBER (if applicable)</b><br>1422430 |                          | <b>Report No.</b> 009                                                                                    |                                                   |                                                     |
| <b>STREET ADDRESS</b>                          |                                               |                          | <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001<br><small>(explain below)</small> |                                                   |                                                     |
| <b>CITY</b><br>YUCAIPA                         | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92399 | <b>No. of Pages</b> 3                                                                                    |                                                   |                                                     |

## Late Contribution(s) Received

| DATE RECEIVED              | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| 02/18/2020 -<br>02/18/2020 | Industrial Integrity Solutions<br>Ontario, CA 91764<br><br>Memo Reference: 1                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                 | \$50,000.00     |
|                            |                                                                                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                 |                 |
|                            |                                                                                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><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:

Failed to include dollar amount

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|                                                |                                               |                          |                                                                                                                                                                                                  |                                                     |                                                     |
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| <b>NAME OF FILER</b><br>TULCAN FOR JUDGE 2020  |                                               |                          | <b>Date of This Filing</b> 02/19/2020<br><br><b>Report No.</b> 009<br><br><input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001<br>(explain below)<br><br><b>No. of Pages</b> 3 | <b>Date Stamp</b><br><br><br><br><b>Page 2 of 3</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(909)809-0256 | <b>I.D. NUMBER (if applicable)</b><br>1422430 |                          |                                                                                                                                                                                                  |                                                     |                                                     |
| <b>STREET ADDRESS</b>                          |                                               |                          |                                                                                                                                                                                                  |                                                     |                                                     |
| <b>CITY</b><br>YUCAIPA                         | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92399 |                                                                                                                                                                                                  |                                                     |                                                     |

## Late Contribution(s) Made

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

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Memo Reference: 1

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