

Late Contribution Report

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

COPY

LATE CONTRIBUTION REPORT

NAME OF FILER Elan Firpo for DA 2014		Date of This Filing <u>5/21/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115	Report No. <u>8</u>	RECEIVED MAY 21 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95502		
No. of Pages _____				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5/20/14	Neal Ewald 279 Westgate Drive Trinidad, CA 95570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President Green Diamond Resources	1,000.00 <input checked="" type="checkbox"/> Check if Loan
5/20/14	Hoopa Tribal Council P.O. Box 1348 Hoopa, CA 95546	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan
5/20/14	Robert McKee P.O. Box 400 Whitethorn, CA 95589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Whitethorn Construction	1,500.00 <input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

497 Contribution Report

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NAME OF FILER Elan Firpo for DA 2014			Date of This Filing <u>5/13/14 EF</u> 5/14/14	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115		Report No. <u>7</u>	RECEIVED MAY 13 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95502	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5/13/14	Timothy Crowley 4801 West End Rd, Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Northcoast Fabricators	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/13/14	Jaison Chand 1804 Ridgewood Drive, Eureka, 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO CAE	1,236.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Elan Firpo for DA 2014		Date of This Filing <u>5/5/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115	Report No. <u>4</u>	RECEIVED MAY - 5 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA	ZIP CODE 95502	No. of Pages <u>1</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
5/5/14	Streamguys, Inc. 2212 Factory Creek Road Bayside, CA 95524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/5/14	Donald Banducci 1642 Baywood Lane Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Elan Firpo for DA 2014		Date of This Filing <u>4/11/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115	Report No. <u>3</u>	RECEIVED APR 11 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	No. of Pages <u>1</u>	
CITY Eureka	STATE CA	ZIP CODE 95502		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
4/11/14	Jaison Chand 1804 Ridgewood Drive Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO City Ambulance	\$3,860.82 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER Elan Firpo for District Attorney 2014		Date of This Filing 3/31/2014	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115	Report No. 1	RECEIVED MAR 31 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA		ZIP CODE 95502	No. of Pages 1

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
3/31/2014	Neal Ewald 279 Westgate Drive Trinidad, CA 95570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President Green Diamond	5,000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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NAME OF FILER Elan Firpo for District Attorney 2014		Date of This Filing <u>4/3/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-273-8946	I.D. NUMBER (if applicable) 1362115	Report No. <u>2</u>	RECEIVED APR - 3 2014 HUMBOLDT COUNTY ELECTIONS	
STREET ADDRESS P.O. Box 6427		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Eureka	STATE CA		ZIP CODE 95502	No. of Pages _____

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
4/2/14	Dr. Mohd Awwad 3144 Broadway Street Eureka CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Victoria Place Dental Center	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/2/14	Elan Firpo P.O. Box 6427 Eureka, CA 95502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney County of Humboldt	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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