

4/15/16

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Firearms Policy Coalition Second Amendment Defense Committee		Date of This Filing _____ 01/15/2016 _____	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1380746	Report No. _____ 257502-02 _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Roseville	STATE CA	ZIP CODE 95678	No. of Pages _____ 3 _____	

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
12/31/2015	Firearms Policy Coalition Roseville, CA 95678 Memo Reference: NON:S497:1247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,882.71
12/31/2015	Firearms Policy Coalition Roseville, CA 95678 Memo Reference: NON:S497:1248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,964.58
		<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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NAME OF FILER Firearms Policy Coalition Second Amendment Defense Committee			Date of This Filing _____ 01/15/2016 _____	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Roseville	STATE CA	ZIP CODE 95678	No. of Pages _____ 3 _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment:

Memo Reference: NON:S497:1248
In-kind contribution for email list rental.

Memo Reference: NON:S497:1247
In-kind contribution for staff time.
