

# Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> California Homeowners Association <b>AREA CODE/PHONE NUMBER</b> [REDACTED] <b>I.D. NUMBER (if applicable)</b> 1302564 <b>STREET ADDRESS</b> [REDACTED] <b>CITY</b> [REDACTED] <b>STATE</b> [REDACTED] <b>ZIP CODE</b> [REDACTED]		<b>Date of This Filing</b> <u>09/30/2020</u>  <b>Report No.</b> <u>800</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> <u>800</u> <small>(explain below)</small>  <b>No. of Pages</b> <u>3</u>	<b>Date Stamp</b> Received via email 9-30-2020 MF  1 / 3	<b>CALIFORNIA FORM 496</b> For Official Use Only
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## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Tammy Kim <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b> City Council Member City Irvine				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> [REDACTED]			
	SUPPORT	OPPOSE		SUPPORT	OPPOSE		
		X					

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/30/2020 	Printing, Mailing and Postage	25972.56

Reason for Amendment: \_\_\_\_\_

**FORM****F496****Notes**

Form/Schedule	Reference No	TEXT
F496	TEXT-1453	Cumulative to Date Total is 25972.56

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**CALIFORNIA FORM 496**

NAME OF FILER  
California Homeowners Association

I.D. NUMBER (If applicable)  
1302564

### 3. Contributions of \$100 or More 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	INTEREST RATES
Rcpt Dt: 09/30/2020	L A Good Samaritan Pathology Medical Group Inc [REDACTED] ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00	If loan, enter interest rate, if any _____ %
Rcpt Dt: 09/30/2020	Manufactured Housing Educational Trust PAC / MHET PAC [REDACTED] ID: 820165	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15000.00	If loan, enter interest rate, if any _____ %

Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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