Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee	**Date of This Filing** 07/28/2003	Date Stamp	**CALIFORNIA FORM 497**
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 962636	**Report No.** 001	For Official Use Only
STREET ADDRESS	☐ **Amendment to Report No.** _____ (explain below)	Page 1 of 4	
CITY Los Angeles / STATE CA / ZIP CODE 90035	**No. of Pages** 4		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
07/25/2003	Anthony Chen Rowland Heights, CA 91748	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$5,000.00
07/25/2003	Stanley Lau La Canada, CA 91011	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Stanley Lau	$5,000.00
07/25/2003	AHMC, Inc. Alhambra, CA 91801	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$5,000.00

*Contributor Codes

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

Reason for Amendment:

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07/25/2003	Pacific Chiropractic Clinic Artesia, CA 90701	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$2,500.00
07/25/2003	Dennis Chan Alhambra, CA 91801	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$3,000.00
07/25/2003	Ron W. Burkle Los Angeles, CA 90069	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Yucaipa Companies	$100,000.00

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07/25/2003	Physicians Healthways Medical Corp. Covina, CA 91724	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$5,000.00
07/28/2003	Vicki Reynolds Beverly Hills, CA 90210	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Councilmember City of Beverly Hills	$5,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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STREET ADDRESS			
CITY Los Angeles STATE CA ZIP CODE 90035			

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)**

Reason for Amendment: