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407	CON	ITDID!	ITION	IREPORT

NAME OF FILER Morris for Assessor 2014			Date of		Dete Stamp VED BY CALIFORNIA 497		
			This Filing	09/25/2014	LOS ANGELES CO FORM 491		
AREA CODE/PHONE NUME	BER	I.D. NUMBER (# applicable)		NP3 43	For Official Use Only		
1357149		Report No. 092514A		2014 SEP 26 AM 9: 09			
STREET ADDRESS			☐ Amendment		O A MODA COM CIMA MOST		
			to Report No.		CAMPAIGN FINANCE DISCLOSURE SECTION		
CITY	,	STATE ZIP CODE	No. of Pages	2			
1. Contribution	(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/24/2014	Escopark, LLC			☐ IND		1,500.00	
			•	HTO ☑ ☐ YT9		Check if Loan	
				□ scc		Provide interest rate	
09/24/2014 N	Marjorie Meadows			X IND	Retired N/A	1,000.00	
- - -				COM OTH PTY		☐ Check if Loan	
				□ scc		Provide interest rate	
09/24/2014	Royal Oak LP			☐ IND		1,500.00	
				COM SOTH PTY SCC		☐ Check if Loan	
1				1	L	Provide Interest rate	
Reason for Amendm	ent:				*Contributor Codes IND – Individua! COM – Recipient Committee (att OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)	

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497 CONTRIB! MONREPORT

NAME OF FILER			Date of		Date Stamp	PNIA 407
Norris for Assessor 2014			This Filing 09/25/2014		LOS ANGELES FORM 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1357149 STREET ADDRESS		Report No. 092514A Amendment to Report No. (explain below)		For Official Use Only 2014 SEP 26 AM 9: 09 CAMPAIGN FINANCE DISCLOSURE SECTION		
CMY STATE ZIP CODE						
			No. of Pages	2	•	
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME	STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER LD. NUMBER)	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/24/2014	Robert A. Schwartz			IND □ COM	Attorney Robert A. Schwartz	1,000.00
			:	☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
09/24/2014	The Commerce Hotel	Cagina	······································			Provide interest rate
		Castile		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		☐ Check if Loan ** **Provide interest rate*
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan % Provide interest rate
Reason for Amer	ndment:				*Contributor Codes !ND - Individual COM - Recipient Committee (of OTH - Other (e.g., business en PTY - Political Party SCC - Small Contributor Commit	tity)

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