

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing 04/29/2014	Date Stamp 2014 APR 30 PM 2:10 CALIFORNIA FORM 497 CAMPAIGN FINANCE DISCLOSURE SECTION
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. LCR-20140428	For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	No. of Pages 3 1/3

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
04/28/2014 	Alan F. Charles ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1500.00
04/28/2014 	David Levine ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Management Jerry B. Epstein Management Company	1000.00
04/28/2014 	Holly Mitchell For Senate 2013 ID: 1358812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00

*Contributor Codes

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

Reason for Amendment: _____

STATE OF CALIFORNIA
 OFFICE OF THE ATTORNEY GENERAL
 120001000
 FULLER & ASSOCIATES
 PAGE 01/03

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NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing _____	RECEIVED BY LOS ANGELES CO 2014 APR 30 PM 2 CAMPAIGN FINA DISCLOSURE SEC 2/3	CALIFORNIA FORM 497 10 For Official Use Only
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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		No. of Pages _____

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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
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04/28/2014 1	Arita M. Rosenstein ID: CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Advisor AR Asset Management Inc.	20000.00

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Reason for Amendment: _____