

MAR-09-2018 12:35PM From: 3236554068

ID: CAMPAIGN FINANCE

Page: 001

R-96*

Late Contribution Report

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Amounts may be rounded to whole dollars.

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LATE CONTRIBUTION REPORT

NAME OF FILER
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER
(323) 655-4065

I.D. NUMBER (if applicable)
1396928

STREET ADDRESS

CITY STATE ZIP CODE
Encino CA 91436

Date of This Filing 03/09/2018

Report No. LCR-20180309

Amendment to Report No. _____
(explain below)

No. of Pages 2

LOS ANGELES COUNTY
2018 MAR -9 PM 1:03
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CALIFORNIA FORM 497

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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
03/09/2018	Raymundo Vizcarra Los Angeles CA 90008 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Band Director Redondo USD	1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

03/09/2018 14:08 3236554068 LEIDERMAN ASSOC PAGE 01/01

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LATE CONTRIBUTION REPORT

NAME OF FILER Jeffrey Prang for Assessor 2018			Date of This Filing 03/09/2018	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1396928	Report No. LCR-20180308			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encino	STATE CA	ZIP CODE 91436	No. of Pages 2	1/2	

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
03/08/2018	Los Angeles Dodgers LLC Los Angeles CA 90012 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<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
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