

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2018		
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1395490	
STREET ADDRESS		
CITY Encino	STATE CA	ZIP CODE 91436

Date of This Filing 05/14/2018

Report No. LCR-201805

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

RECEIVED BY  
Date Stamp  
LOS ANGELES COUNTY

2018 MAY 15 AM 8:00

CAMPAIGN FINANCE

1/2

ALABAMA FORM 497  
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## 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
05/12/2018	Peter Scranton  Brentwood ID:  CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  n/a	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: \_\_\_\_\_