

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 <u>04/18/2014</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. <u>LCR-2014047</u>	RECEIVED BY LOS ANGELES COUNTY 2014 APR 18 PM 4:43	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	CAMPAIGN FINANCE DISCLOSURE SECTION 1/3	
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/17/2014 	Emilv's List -NF Fund ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
04/17/2014 	Daniel Hirsch ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Organizer CBG	1000.00
04/17/2014 	Michael Horne ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President MJJ Corp	1000.00

*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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LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing _____	RECEIVED BY LOS ANGELES COUNTY 2014 APR 18 PM 4:15 CAMPAIGN FINANCE DISCLOSURE SECTION 2/3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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:		

Reason for Amendment: _____

PADILLA & ASSOCIATES
3236554068
04/18/2014 14:12

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LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing _____	RECEIVED LOS ANGELES COUNTY Date Stamp 2014 APR 18 PM 4:45 CAMPAIGN FINANCE DISCLOSURE SECTION 3/3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

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04/17/2014 	Thomas Safran ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessperson Thomas Safran	1500.00
04/17/2014 	Steinberg for Senate 2010 ID: 1292824	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00

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PADILLA & ASSOCIATES

04/18/2014 14:12 3236554068

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LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing <u>04/21/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 APR 22 AM 9:01 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. <u>LCR-20140418</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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
04/18/2014 	ACEA Local 3090 AFSCME ID: 1	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
04/18/2014 	Diane Mosbacher ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Woman Vision	1000.00
04/18/2014 	Amy A. Ross ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist none	1000.00

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. LCR-20140421		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE		ZIP CODE	
		No. of Pages 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
04/21/2014 	Barbara Cohn ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1000.00
04/21/2014 	Marjorie Plumb ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Consultant Marjorie Plumb	1000.00
04/21/2014 	Jeffrey Z. Slavin ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor Town of Somerset Maryland	2500.00

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04/21/2014	Barbara Zacky ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessperson Barbara Zacky	1500.00

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