

Late Contribution Report

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

LATE CONTRIBUTION REPORT

| | | | | |
|--|--|---|---|--|
| NAME OF FILER Jeffrey Prang for Assessor 2014 | | Date of This Filing 04/17/2014 | Date Stamp RECEIVED BY LOS ANGELES CO 2014 APR 17 PM 3:02 CAMPAIGN FINANCE DISCLOSURE SECTION 1/3 | CALIFORNIA FORM 497 For Official Use Only 010763 |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1359913 | Report No. LCR-2014046 | | |
| 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 |
|----------------|--|---|--|-----------------|
| 04/16/2014 | Sonny Astani ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Developer Astani Enterprises | 1000.00 |
| 04/16/2014 | Gina A. Baloshian ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pharmacy Tech Quick Care Pharmacy | 1500.00 |
| 04/16/2014 | Gevik Hovsepian ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Porta-Kan Sanitation | 1500.00 |

*Contributor Codes

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

Reason for Amendment: _____

MP

PAGE 01/03
PADILLA & ASSOCIATES
04/17/2014 13:37 3236554068

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| | | | | |
|--|--|---|---|---|
| NAME OF FILER Jeffrey Prang for Assessor 2014 | | Date of This Filing _____ | RECEIVED BY LOS ANGELES COUNTY 2014 APR 17 PM 3:02 CAMPAIGN FINANCE DISCLOSURE SECTION 213 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1359913 | 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 LD. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|---|------------------------|-------------------------------------|
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____

