

# 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 09/03/2014	RECEIVED BY LOS ANGELES COUNTY 2014 SEP -4 AM 8:17 CAMPAIGN FINANCE DISCLOSURE SECTION 1/3 CALIFORNIA 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. LCR-20140902	
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
09/02/2014 	Alan Bernstein  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Harper Management	1000.00
09/02/2014 	Susan Dakin  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Susan Dakin	1500.00
09/02/2014 	Catherine M. Satsler  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Catherine M. Salsler	1000.00

\*Contributor Codes

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

Reason for Amendment: \_\_\_\_\_

01783  
 PADILLA & ASSOCIATES  
 3236554068  
 09/03/2014 05:26

# Late Contribution Report

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LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Kuehl For Supervisor 2014		<b>Date of This Filing</b> _____	RECEIVED LOS ANGELES COUNTY 2014 SEP -4 AM 8:17 CAMPAIGN FINANCE DISCLOSURE SECTION 213	CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1355019	<b>Report No.</b> _____		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## 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:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

PADILLA & ASSOCIATES  
 3236000037C  
 07-09  
 4107 100 100

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LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		Date of This Filing _____	<p>RECEIVED BY LOS ANGELES COUNTY 2014 SEP -4 AM 8:17 CAMPAIGN FINANCE DISCLOSURE SECTION 3/3</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
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) 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
09/02/2014 	Elaine F. Turmonis  ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  CA Attorney General's Office	1500.00

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OTH - Other	

Reason for Amendment: \_\_\_\_\_

32365554068  
 05/03/2014  
 PADILLA & ASSOCIATES