

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 10/01/2014	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 010763
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1359913	Report No. LCR-20140930-1	RECEIVED BY LOS ANGELES COUNTY 2014 OCT -2 AM 9: 23 CAMPAIGN FINANCE DISCLOSURE SECTION 112	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE	No. of Pages 2	

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
09/30/2014 	Judy Chu For Congress	<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
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

MP

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NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing 10/01/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT -2 AM 9:23 CAMPAIGN FINANCE DISCLOSURE SECTION 1/3	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359913	Report No. LCR-20140930	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS		No. of Pages 3		
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
09/30/2014	Animal PAC ID: 1331320	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
09/30/2014	EQUALITY CALIFORNIA PAC ID: 1254010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
09/30/2014	Ronald S. Haft ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Combined Properties	1500.00

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OTH - Other
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LATE CONTRIBUTION REPORT

NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing _____	RECEIVED BY LOS ANGELES COUNTY 2014 OCT -2 AM 9:23 CAMPAIGN FINANCE DISCLOSURE SECTION 2/3	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. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		No. of Pages _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID:	Ballot: Dist:		

Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing _____	Date Stamp RECEIVED LOS ANGELES COUNTY 2014 OCT -2 AM 9:23 CAMPAIGN FINANCE DISCLOSURE SECTION 3/3	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) 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
09/30/2014 	Andrew J. Nagel ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Combined Entertainment	1500.00
09/30/2014 	Ashley Thomas ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	1500.00

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