

Late Contribution Report

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

NAME OF FILER Jeffrey Prang for Assessor 2018		Date of This Filing 03/09/2018	RECEIVED BY LOS ANGELES COUNTY 2018 MAR -9 AM 10:44 CAMPAIGN FINANCE 1/2	LATE CONTRIBUTION REPORT FPPC FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1396928	Report No. LCR-20180307		
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
03/07/2018	Chad Goldman ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Creative Officer Cause Force	1500.00
03/07/2018	O'Neil James ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Crown Realty & Development Inc	1500.00
	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 _____

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NAME OF FILER
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1396928

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing 03/09/2018

Report No. LCR-20180309

Amendment to Report No. _____
(explain below)

No. of Pages 2

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2018 MAR -9 PM 1:03
CAMPAIGN FINANCE

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
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03/09/2018	Raymundo Vizcarra ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Band Director Redondo USD	1500.00
03/09/2018	_____ ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
03/09/2018	_____ ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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MAR-09-2018 12:35PM From: 3236554068 ID: CAMPAIGN FINANCE Page: 001 R=96%

03/09/2018 14:08 3236554068 LEIDERMAN ASSOC PAGE 01/01

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1396928	Report No. LCR-20180308		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/08/2018	Los Angeles Dodgers LLC ID:	<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		

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Reason for Amendment: _____