

Late Contribution Report

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

NAME OF FILER
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER
(323) 655-4065

I.D. NUMBER (if applicable)
1396928

STREET ADDRESS

CITY STATE ZIP CODE
Encino CA 91436

Date of This Filing
04/30/2018

Report No.
LCR-20180427

Amendment to Report No. _____
(explain below)

No. of Pages
2

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CAMPAIGN FINANCE

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497
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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
04/27/2018	Hawthorne Chamber of Commerce Hawthorne CA 90250 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		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____