

Late Contribution Report

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

RECEIVED BY

LATE CONTRIBUTION REPORT

NAME OF FILER
Kuehl For Supervisor 2018

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1395490

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing 04/10/2018

Report No. LCR-20180409

Amendment to Report No. _____
(explain below)

No. of Pages 2

LOS ANGELES COUNTY

2018 APR 10 AM 12:00

CAMPAIGN FINANCE

1/2

CALIFORNIA FORM 497

For Official Use Only

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
04/09/2018	Service Employees International Union Local 721 ID: 1	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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: _____