


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 10/27/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT 28 AM 9:11	 For Official Use Only 010763
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359913	Report No. LGR-20141024	<input type="checkbox"/> Amendment to Report No. (explain below) CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		No. of Pages 2	1/2	
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
10/24/2014	AECOM Technology Corp 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: _____

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NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing <u>10/27/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT 28 AM 9:11 CAMPAIGN FINANCE DISCLOSURE SECTION 1/4	CALIFORNIA FORM 497 For Official Use Only 010763
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359913	Report No. <u>LCR-20141026</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>4</u>	

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
10/26/2014 	James Acevedo ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive The Acevedo Group	1000.00
10/26/2014 	Dawn A. Almudarris 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	1000.00
10/26/2014 	Grapevine Advisors 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

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Reason for Amendment: _____

10/27/2014 18:17 3236554068 PADILLA & ASSOCIATES

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NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing _____	RECEIVED BY LOS ANGELES COUNTY CAMPAGN FINANCE DISCLOSURE SECTION 2/4	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		
		No. of Pages _____		

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)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____

PADILLA & ASSOCIATES
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LATE CONTRIBUTION REPORT

NAME OF FILER Jeffrey Prang for Assessor 2014		Date of This Filing _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT 28 AM 9:12	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359913	Report No. _____	CAMPAIGN FINANCE DISCLOSURE SECTION 3/4	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
No. of Pages _____				

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
10/26/2014	Nasreen Haroon ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Nasreen Haroon	1000.00
10/26/2014	Sana Haroon ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Sana Haroon	1000.00
10/26/2014	Shoukat Houssain Ali ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ali Enterprises	1000.00

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CITY	STATE	ZIP CODE	No. of Pages 4/4	

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10/26/2014 	Haroon H. Husein ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1000.00
10/26/2014 	Paul Kristedja ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive KPRS Construction	1000.00

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