Late Contribution Report

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Amounts may be rounded to whole dollars.

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						TRIBUTION REPORT
NAME OF FILER Jeffrey Prang for As	ssessor 2014		Date of This Filing _	08/29/2014	Date Stamp RECEIVED BY LOS ANGELES COU	RIP 4197
AREA CODE/PHONE N	UMBER	1.D. NUMBER (A applicable) 1359913	Report No	LCR-201408.		Official Use Only
STREET ADDRESS			Amendme to Report No		CAMPAIGN FINANCE DISCLOSURE SECTION	0 100
CITY		STATE ZIP CODE	(explain below) No. of Pages	3	1/3	
Late Contribu	rtion(s) Received					
DATE RECEIVED	FULL NAM	ME, MAILING ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO BYTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER ()F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/28/2014	4110 West 3rd Street	ПС		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1500.00
08/28/2014	Barona Pain Therapy	Clinic		IND COM SOTH PTY SCC		1000.00
08/28/2014	Hee W. Chai	·		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired . n/a	1500.00
*Contributor Codes	S	PTY - Political Party				
	Committee (other than PTY o	· · · · · · · · · · · · · · · · · · ·				
Reason for Amenda	nent:					
					Daie Stamp FPPC Toll-Free He	PC Form 497(Junef01) Apline: 866/ASK-F#133

Late	Contribution	Report
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AREA CODE/PHONE NUMBER	I.D. NUMBER (frapploatele)	Report No.	2014 AUG 29 PM
STREET ADDRESS		Amendment to Report No	CAMPAIGN FINANCE DISCLOSURE SECTION
СПУ	STATE ZIP CODE	No. of Pages	2/3

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
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Late Contribution Report

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LATE	CONTRI	BUITTON	REPORT

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NAME OF FILER Jeffrey Prang for As	ssessor 2014		Date of This Filing .		Date Stamp LOS ANGELES COULTY FOR	25)
AREA CODE/PHONE N	JMBER	I.D. NUMBER (reppirents)	Report No.		2011 Ave	Official Use Only
STREET ADDRESS			Amendm to Report N		CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY	, , , , , , , , , , , , , , , , , , ,	STATE ZIP CODE	(explain below) No. of Page	98	3/3	
Late Contribu	tion(s) Received					
DATE RECEIVED	FULL NA	IME, MAILING ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER ID. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/28/2014 	Jimmy Chan			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Jimmy Chan	1000.00
08/28/2014	LA Aikinson Partner	s LLC		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00
08/28/2014	Andy Li			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Owner Opcio Co.	1000.00
*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY	PTY - Political Party or SCC) SCC - Small Contributor Commit	iee			•