

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Kuehl For Supervisor 2014		RECEIVED BY LOS ANGELES COUNTY		Date of This Filing 11/01/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	2014 NOV -3 AM		Report No. LCR-201410	For Official Use Only	
STREET ADDRESS				<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY	STATE	ZIP CODE		No. of Pages 3	1/3	

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
10/31/2014	All Town Ambulances LLC ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
10/31/2014	L PAC 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
10/31/2014	Robert Neely ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant CCI Inc	1000.00

***Contributor Codes**

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

PADILLA & ASSOCIATES

11/01/2014 14:23 3235554068

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1355019	Report No. _____	2014 NOV -3 AM 9:05	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY	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 I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: _____

PADILLA & ASSOCIATES

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10/31/2014	Walter N. Marks Inc. 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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