

# 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

STREET ADDRESS

CITY STATE ZIP CODE  
Encino CA 91436

I.D. NUMBER (if applicable)  
1396928

Date of This Filing 05/07/2018

Report No. LCR-20180504

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

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LOS ANGELES COUNTY  
2018 MAY -8 AM 8:16  
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
05/04/2018	Katalin Boosalis  La Canada Flintridge CA 91011 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse  Grand Care	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                      PTY - Political Party  
COM - Recipient Committee (other than PTY or SCC)    SCC - Small Contributor Committee  
OTH - Other

Reason for Amendment: \_\_\_\_\_