Page: 001

ID: CAMPRIGN FINANCE

JUN-01-2018 08:13AM From: 3236554068

Late Contribution Report

I.D. NUMBER (Napplicable)

STATE

ZIP CODE

1396928

Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER

NAME OF FILER

(323) 655-4065

STREET ADDRESS

CITY

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUBINESS)	AMOUNT RECEIVED
05/25/2018	Marylouise Oates Los Angeles CA 90024 ID:	☑ IND □ COM □ OTH □ PTY □ SCC	Writer Marylouise Oates	1000.00
05/25/2018	Todd J Singerman Whittier . CA 90601 ID:	☑ IND □ COM □ OTH □ PTY □ SCC	Businessperson Singerman Entertainment	1500.00
I	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
*Contributor Codes IND - Individual COM - Recipient Co OTH - Other				
eason for Amendme	ent:			
			Date Stamp FPPC Toil-Free Heip	Form 497(June/

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

Date of This Filing.

Report No.

Amendment
to Report No. __
(explain below)

No. of Pages_2

05/31/2018

LCR-20180525

CAMPAIGN FINANCE

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Pase: 002

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JUN-01-2018 08:13AM From: 3236554068

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86/01/2018

I.D. NUMBER (# applicable)		Date of This Filing 05/31/2018 LOS ANGLED S COUSEA (FORM)			
	Report No.	1 CD 201205	529 2018 JUN - 1 AM 9: 32 For Official Use On		
(323) 655-4065 1396928 STREET ADDRESS			CAMPAIGN FINANCE		
STATE ZIP CODE CA 91436	(oxylain below) No. of Pages 2		1/2		
(s) Received					
FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
eph Kelly o requested		X IND COM OTH PTY SCC	Tax Collector County of Los Angeles	1500.0	
		IND COM OTH PTY			
		IND COM			
-	CA 91436 (s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF C (IF COMMITTEE, ALSO ENTER LD. NUMBER) eph Kelly	STATE ZIP CODE CA 91436 (cosplain below) No. of Page (s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALTO ENTER LD. NUMBER) eph Kelly	CA 91436 No. of Pages 2 (s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE • Peph Kelly requested IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY PTY SCC OTH PTY OTH OTH PTY OTH PTY OTH PTY OTH PTY OTH OTH PTY OTH OTH PTY OTH OTH	STATE ZIP CODE CA 91436 No. of Pages 2 1/2 (s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR EPH Kelly requested Simple Code Code	