

# 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 2018			Date of This Filing 09/03/2018	RECEIVED LOS ANGELES COUNTY 2018 SEP -4 PM 3:51 CAMPAIGN FINANCE	Date Stamp SEP 4 2018	CALIFORNIA FPPC 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1396928		Report No. LCR-20180902			
STREET ADDRESS			Amendment to Report No. _____ (explain below)	No. of Pages 3	1/3	
CITY Encino	STATE CA	ZIP CODE 91436				

## 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
09/02/2018 	Abisco Products Inc.  Los Angeles CA 90040 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
09/02/2018 	Richard K Chang  San Marino CA 91108 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Evergreen Dental Care	1500.00
09/02/2018 	L.A. County Probation Officers Union AFSCME Local 685  Los Angeles CA 90057 ID: 744558	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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: \_\_\_\_\_

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RECEIVED BY  
LOS ANGELES COUNTY  
2018 SEP 4 PM 3:51  
CAMPAIGN FINANCE

LATE CONTRIBUTION REPORT

NAME OF FILER  
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER \_\_\_\_\_ I.D. NUMBER (if applicable)  
1396928

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

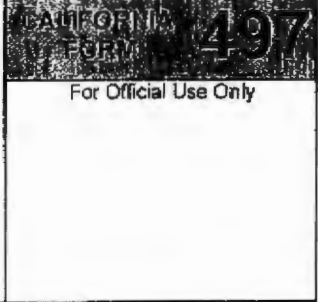
Date of This Filing \_\_\_\_\_

Report No. \_\_\_\_\_

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

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: \_\_\_\_\_

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1396928	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/02/2018	Poyu Su  San Marino ID: CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Spring Auto Tower	1500.00

\*Contributor Codes

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COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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