

# Late Contribution Report

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

RECEIVED BY LOS ANGELES COUNTY  
Date Stamp: 2018 OCT 16 PM 4:07  
CALIFORNIA 497  
LATE CONTRIBUTION REPORT  
CAMPAIGN FINANCE  
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No. of Pages 3 / 3

NAME OF FILER  
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER (323) 655-4065 I.D. NUMBER (if applicable) 1396928

STREET ADDRESS

CITY Encino STATE CA ZIP CODE 91436

Date of This Filing 10/16/2018

Report No. LCR-20181015

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

No. of Pages 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
10/15/2018 	Beny Alagen  Los Angeles CA 90064 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur  Beny Alagen	1500.00
10/15/2018 	David N Alagen  Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Alagen Capital Group	1500.00
10/15/2018 	CA Apartment Association PAC (CAA PAC)  Sacramento CA 95814 ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00

\*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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2 / 3

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

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

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

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

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

No. of Pages \_\_\_\_\_

## 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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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	No. of Pages _____

CAMPAIGN FINANCE

3 / 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
10/15/2018 	Up Railroad Company  Panorama City ID: CA 91402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00

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OTH - Other

PTY - Political Party  
SCC - Small Contributor Committee

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