

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 11/01/2018 Report No. LCR-20181031 -2 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp RECEIVED LOS ANGELES COUNTY 2018 NOV 01 AM 10:04 CAMPAIGN FINANCE 113	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 855-4085	I.D. NUMBER (if applicable) 1396928			
STREET ADDRESS _____				
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
10/31/2018 	Fernando Lopez Encino ID: CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner LA Entertainment	1500.00
10/31/2018 	Michelle Soroudi Los Angeles ID: CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager H & M Management	500.00
10/31/2018 	Michelle Soroudi Los Angeles ID: CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager H & M Management	500.00

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

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:		

Reason for Amendment: _____

