

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 05/25/2018	RECEIVED BY LOS ANGELES COUNTY 2018 MAY 25 PM 4:21 CAMPAIGN FINANCE 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1396928	Report No. LCR-20180522		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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
05/24/2018 	Ressie M Kreimann-Roman Hacienda Heights CA 91745 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	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: _____

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05/23/2018 	Richard K Chang 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	Dentist Evergreen Dental Care	1500.00
05/23/2018 	Jeffrey Fish Los Angeles ID: CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate JMF Development	1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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