

Late Contribution Report

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

NAME OF FILER
Jeffrey Prang for Assessor 2022

AREA CODE/PHONE NUMBER (323) 655-4065
I.D. NUMBER (if applicable) 1435798

STREET ADDRESS

CITY Encino
STATE CA
ZIP CODE 91436

Date of This Filing 03/16/2022

Report No. LATE-20220315

Amendment to Report No. _____
(explain below)

No. of Pages 2

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2022 MAR 16 PM 2:02
3/16/22 E.M.
PROPOSITION B UNIT

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497

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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
03/15/2022	Shomari Davis Los Angeles ID: CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Rep IBEW	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
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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NAME OF FILER Jeffrey Prang for Assessor 2022		Date of This Filing _____	RECEIVED BY LOS ANGELES COUNTY 2022 MAR 16 PM 2:02 PROPOSITION B UNIT 2 / 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1435798	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY _____	STATE _____	ZIP CODE _____		

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: _____