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497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER LABORERS LOCAL 300 ISSUES COMMITTEE			Date of This Filing <u>10/04/2022</u>	Date Stamp LOS ANGELES CO Fedex 10/4/22 2022 OCT -6 AM 11:50 CALIFORNIA FORM 497 For Official Use Only CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER (213) 385-3550	I.D. NUMBER (if applicable) 1321812		Report No. <u>10/04/2022</u>	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES	STATE CA	ZIP CODE 90006	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
10/04/2022	Yes on Measure LA 2022 (ID# 1452899) Long Beach, CA 90814	Support Los Angeles Community College Dist. Measure: LA County of Los Angeles	10,000.00	11/08/2022
10/04/2022	Yes on Measure LA 2022 (ID# 1452899) Long Beach, CA 90814	Support Los Angeles Community College Dist. Measure: LA County of Los Angeles	10,000.00	11/08/2022

Reason for Amendment: _____