## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

							101 00	DNTRIBUTION REPORT
NAME OF FILER  Ennette Morton for LBCCD Trustee, District 4 2024				Date of		Date Stamp	CALIFORNIA 497	
				This Filing _	08/30/2024			
		I.D. NUMBER (if applicable)		Report No. 08	3024-1	E-Filed	For Official Use Only	
		1464716	464716		3024-1	08/30/2024 13:57:22		
STREET ADDRESS					nt	Filing ID: 212018774		
CITY	STATE ZIP CODE		ZIP CODE	(explain below)				
Long Beach	Beach CA 90802			No. of Pages	1			
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
08/30/2024	National Association of Healthcare Workers Candidate Committee Quality Patient Care and Union Democracy Sacramento, CA 95815 Committee ID # 1318200			Committee for	Litee for IND			1,000.00
					☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY			☐ Check if Loan
					scc			Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
Reason for Amendi				*Contributor Codes  IND – Individual  COM – Recipient Committee (other than PTY or SCC)  OTH – Other (e.g., business entity)  PTY – Political Party  SCC – Small Contributor Committee				