

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER HENDERSON FOR LA COMMUNITY COLLEGE BOARD 2024		Date of This Filing 10/02/2024	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed 10/02/2024 22:03:01</p> <p style="color: red; margin: 5px 0 0 0;">Filing ID: 212232848</p> </div>
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1417140	Report No. 10224		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 1	

CALIFORNIA FORM 497

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/02/2024	Coalition for LACC Reform to Support Vela, Iino, Henderson & Hoffman Los Angeles, CA 90017 Committee ID # 1315215 <small>Non-Monetary Contributions - Campaign Survey and Advertising Expenses</small>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		88,451.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____