

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kelsey Iino for LACCD Trustee 2024			Date of This Filing <u>09/30/2024</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 09/30/2024 15:30:18 Filing ID: 212212894 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1448396	Report No. <u>LCM-20240927</u>			
STREET ADDRESS CITY STATE ZIP CODE Encino CA 91436			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>1</u>					

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
09/27/2024	Keyon C. Thomas Reseda, CA 91335		20,000.00	11/05/2024

Reason for Amendment: _____