

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elect Kathy MacLaren, Palmdale Water District Div 4, 2024			Date of This Filing 9-23-2024	Date Stamp LOS ANGELES CO PH 2:06	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 661-435-9973	I.D. NUMBER (if applicable) 1340088		Report No. 1	2024 SEP 23	
STREET ADDRESS -----			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE	
CITY Palmdale	STATE CA	ZIP CODE 93550	No. of Pages 1		

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
9/23/2024	Los Angeles-Orange County Building Trades Council Political Action Cmte ID 822029 Los Angeles, CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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.

Reason for Amendment: _____

* 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