

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>10/10/2024</u> Date Stamp		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 385-3550	I.D. NUMBER (if applicable) 1321812		Report No. <u>10092024</u> 2024 OCT 11 PM 2:23 CAMPAIGN FINANCE		
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)
10/09/2024	Friends of Rio Hondo College - Yes on Measure RH (ID# 1474219) Valley Village, CA 91607	Rio Hondo College Upgrade, Repair, Safety Measure Measure: RH Rio Hondo Community College District	5,000.00	11/05/2024

Reason for Amendment: _____