497 Contribution Report

Amounts may be rounded to whole dollars.

							497 00	ONTRIBUTION REPORT
NAME OF FILER Friends of Rio Hondo College - Yes on Measure RH				Date of This Filing10/17/2024		Date Stamp	CALIFO	DRNIA 107
							CALIFORNIA 497	
AREA CODE/PHONE NUMBER (562)590-5550		I.D. NUMBER (if applicable) 1474219		Report No. 101724-1		E-Filed 10/17/2024 18:44:02	For Official Use Only	
STREET ADDRESS				Amendment to Report No		Filing ID: 212330966		
CITY		STATE ZIP CODE			_			
Long Beach	CA 90802			No. of Pages	2			
1. Contribution	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/17/2024	GDL Best Contractors Inc. Whittier, CA 90602				☐ IND			2,000.00
					▼ OTH □ PTY			
					SCC			Provide interest rate
10/17/2024	Los Angeles/Orange Counties Building and Construction Trades Council PAC Los Angeles, CA 90026 Committee ID # 822029				IND COM OTH PTY SCC			30,000.00
								% Provide interest rate
10/17/2024	Bernards San Fernando, CA	91340			☐ IND ☐ COM ☒ OTH ☐ PTY			15,000.00
					□ SCC			Provide interest rate
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., PTY – Political Party SCC – Small Contrib	ommittee (oth business ent	

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

							107 00	INTRIBUTION REPORT
NAME OF FILER			Date of		Date Stamp	CALIFORNIA 497		
Friends of Rio	Hondo College - Yes	on Measure RH	This Filing	10/17/2024				
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (562)590-5550 1474219		D (N 10	1724-1		For Official Use Only			
		Report No. 101724-1						
STREET ADDRESS		☐ Amendmento Report No.						
CITY		STATE	ZIP CODE	(explain below) No. of Pages	2			
Long Beach		CA	90802					
1. Contribution	on(s) Received			·			•	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (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
10/17/2024	Family Planning & Yorba Linda, CA 9				☐ IND ☐ COM			1,000.00
					▼ OTH □ PTY			☐ Check if Loan
					SCC			Provide interest rate
10/17/2024	Laborers Internati Committee Los Angeles, CA 9 Committee ID # 132	0020	th America Local 3	300 - Issues	☐ IND ☒ COM			5,000.00
				☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan	
								Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)