497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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NAME OF FILER Yes on Measure AC				Date of	00/12/0004	Date Stamp	CALIFORNIA 497	
				This Filing	09/13/2024			
AREA CODE/PHONE NUMBER I.D. NUMBER (if appl		I.D. NUMBER (if applicate	MBER (if applicable) Report No. 0		1324-1	E-Filed	For Official Use Only	
(562)590-5550 1472477				Keport No. 32	1321 1	09/13/2024 14:07:13		
STREET ADDRESS				☐ Amendme	nt	Filing ID:		
249 E. Ocean Blvd., Ste. 814				to Report No.		212089117		
CITY		STATE ZIP CODE		(explain below)				
Long Beach		CA	90802	No. of Pages	1			
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAME	ND ZIP CODE OF CONTRIENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/13/2024	International Longshoreman Workers Union (ILWU) PAC Loca 630 S. Centre San Pedro, CA 90731 Committee ID # 1226530			ocal 13	☐ IND ▼ COM			10,000.00
					OTH PTY			☐ Check if Loan
					SCC			Provide interest rate
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Reason for Amendr	ment:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., t PTY – Political Party SCC – Small Contrib	ousiness ent	