

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER K1 TAX LEVY		Date of This Filing 11/1/2024	Date Stamp 2024 NOV -4 AM 9:2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-297-3968	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY West Covina CA	STATE CA	ZIP CODE 91791	No. of Pages 2	

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)
11/1/2024	YES ON G - COMMUNITIES UNITED ACTION FUND A COMMITTEE SUPPORTING L.A. COUNTY MEASURE G ID # 1474811	MEASURE G LOS ANGELES COUNTY	\$ 25,000 -	11/5/2024

Reason for Amendment: _____