· 5,			1/20/22 (3)			
Major Donor and Independent Expenditure Committee Campaign Statement (Government Code sections 84200-84216.5)	Туре	or print in ink.	Date Stamp CALIFORNIA FORM LOS ANGELES C MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT CALIFORNIA FORM FORM 461			
Amendment SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2022 through 6/30/2022	Date of election if applicable: (Month, Day, Year)	2022 JUL 22 PM Page of 2 For Official Use Only CAMPAIGN FINANCE			
CITY SYLMAR RESPONSIBLE OFFICER (If filer is other than an individual)	NO. AND STREET) STATE ZIP CODE CA 91342 AREA CODE/DAYTIME PHONE 818) 362-8391 ete each applicable section.) S, AND BUSINESS INTERESTS	2. Unitemized expenditure contributions (including \$100 made this period. 3. Total expenditures and made this period. (Add 4. Total expenditures and made from prior statem amount from Line 5 of filed. If this is the first second contributions.)	ributions 00 or more 1 5.)			
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED GENERAL CONTRACTOR A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY		5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)				
		contained herein is true an the laws of the State of Ca Executed on 7/14/2022 DATE	d complete ' ' jury under			

Major Donor and Independent Expenditure Committee Campaign Statement

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

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MAJOR DO	NOR COMMITTEE STATEMENT	Ī
ment covers period	CALIFORNIA 161	ı

INDEDENDENT EVDENDITUDE COMMITTEE AND

Statement covers period from	CALIFORNIA FORM	461
through _6/30/2022	Page 2	of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER TUTOR PERINI CORPORATION

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	MEASURE	ATE AND OFFICE, AND JURISDICTION, COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
/14/2022	ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	Monetary Contribution				\$50,000.00	\$50,000.00
	Marina del Rey, CA 90292	Loan					
	1445830	Non-Monetary Contribution					
		Independent Expenditure		Support	Oppose		
		Monetary Contribution					
		Loan					
		Non-Monetary Contribution				1	
		Independent Expenditure		Support	Oppose		
		Monetary Contribution					
		Loan					
		Non-Monetary Contribution					
		Independent Expenditure		Support	Oppose		
		Monetary Contribution					
		Loan					
		Non-Monetary Contribution					
		Independent Expenditure		Support	Oppose	-	