

Late Contribution Report

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

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LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER
Desiree Rabinov for Glendale College Board 2024

AREA CODE/PHONE NUMBER (323) 655-4065
I.D. NUMBER (if applicable) 1460010

STREET ADDRESS

CITY Encino
STATE CA
ZIP CODE 91436

Date of This Filing 01/30/2024

Report No. LATE-20240129

Amendment to Report No. _____
(explain below)

No. of Pages 2

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 01/29/2024 | Planned Parenthood Advocates Pasadena & San Gabriel Valley PAC Sacramento CA 95814 ID: 1414985 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

***Contributor Codes**

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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|--|--|----------|
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| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING 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) |
|-----------|--|---|------------------------|-------------------------------------|
| | ID: | Ballot: Dist: | | |
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| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____