

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

PE24-4

497 CONTRIBUTION REPORT

NAME OF FILER LABORERS LOCAL 300 ISSUES COMMITTEE			Date of This Filing <u>02/27/2024</u>	Date Stamp 2024 FEB 28 AM 10:08	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 385-3550	I.D. NUMBER (if applicable) 1321812		Report No. <u>02272024</u>	CAMPAIGN FINANCE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90006	No. of Pages <u>1</u>		

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)
02/27/2024	Los Angeles Democratic Party - Issues & Advocacy Committee (ID# 744554) Los Angeles, CA 90017		5,000.00	

Reason for Amendment: _____