

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
497 CONTRIBUTION REPORT

LC01
0137-4

NAME OF FILER Drquidi for School Board 2021			Date of This Filing 06/21/2021	Date Stamp 2021 JUN 21 PM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1437846	Report No. 062321-1	CAMPAIGN FINANCE		
STREET ADDRESS Long Beach CA 90802			<input type="checkbox"/> Amendment to Report No. (explain below)	017465 011503	
CITY	STATE	ZIP CODE	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
06/21/2021	Laborers International Union of North America Local 1309 Lakewood, CA 90712 Committee ID # 851621	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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JUN-21-2021 08:12AM From:2134894818