

# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
Committee to Re-Elect John Allen for Water Replenishment District 2022

**AREA CODE/PHONE NUMBER** (213) 489-4792      **I.D. NUMBER (if applicable)** 1370323

**STREET ADDRESS**

**CITY** Long Beach      **STATE** CA      **ZIP CODE** 90815

**Date of This Filing** 10/19/2022

**Report No.** 101922-1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

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497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

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## 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
10/19/2022	Southern California District Council of Laborers PAC 555 E. Ocean Blvd., Ste. 420  Committee ID # 1358150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19/2022	Darryl Lucien Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Demographer Lucien Partners	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

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